



GROUP REPRESENTATIVE RESPONSIBILITY

I/we, the undersigned, hereby certify that I/we shall be personally responsible, on behalf of my organization for any damages sustained to the school premises, furniture, grounds or equipment occurring through the occupancy of said premises by our organization.

I/we agree to abide by and to enforce the rules, regulations and policies of the Des Moines Independent Community School District governing the use of the school premises or equipment. These rules and policies include:

- 1. Alcoholic beverages, controlled substance (drugs), tobacco products and firearms are not permitted in District buildings or on surrounding District grounds.
2. Disruptive or illegal activity, including obscene language, quarreling or fighting, is prohibited.
3. No food or drinks are allowed in classrooms, hallways, gyms or rest rooms. Food and drink are permitted only with prior approval by the high school Activity Director or Executive Assistant from the DMPS Facilities Management Department. Likewise, there is absolutely no access to kitchen facilities without prior approval.
4. Children must have adult supervision at all times. Running through halls or entering areas that were not requested for use is prohibited.
5. Outdoor sports, including softball, baseball, tennis and soccer, are prohibited in gymnasiums. Proper gym shoes are required of all participants.
6. Users will arrive and depart at times noted on the permit. Users will follow directions of building managers, custodians or other DMPS staff on site.
7. Facilities will be left in the same condition in which they were found and trash will be removed.

I/we agree that in the event that we do not show for our scheduled time and do not notify the DMPS Facilities Management Department of cancellation 24 hours prior to scheduled use, we shall be charged all costs of original contracted usage, including rental and personnel.

I/we agree that the district reserves the right to cancel or postpone any activity, due to conflict, disregard of policies, or other uncontrollable circumstances.

Form fields for Group/Organization Name, Signature of Authorized Representative, Phone, Printed Name, Address, E-Mail, Date, and Building.