CASTAIC UNION SCHOOL DISTRICT

28131 Livingston Ave, Valencia CA 91355 Phone: 661-257-4500 Fax: 661-257-5737



APPLICATION FOR USE OF FACILITIES

ORGANIZATION Los Angeles International Academy Application Date: 12
Non-Profit Organization?: Yes No (If yes, attach proof of non-profit status)
FACILITY REQUESTED Castaic Flementary School Classitom (RM 23) (each
TYPE OF PROGRAM OR EVENT Chinese Farichments classes
If youth event, number of supervising adults:
DATE(S) FACILITY REQUESTED 123-5/1 Start Time: End Time:
(If requesting several dates and times, attach schedule) $\sqrt{25-5/3}$ Setup Start Time: (if different than above)
1. Nature/purpose of meeting Chinese Language classes
2. Will outside equipment be brought on site? Yes No If yes, what type of equipment?
and 150 Miles (collaborated Mages) Anne Charles and Anne and an Anne and An
3. Open to the public free of charge? Yes No
4. Is an admission charge, collection, donation or solicitation to be made? Yes
Proceeds to be used for <u>Cuvriculum & Materials</u>
5. Will food be served? Yes No No
Equipment Requests: (please list all District property requested) Special Needs (or set up requirements):
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and the second
IP-1
SIGNATURE OF APPLICANT
APPLICANT NAME (PLEASE PRINT) Fen Ruan Jalencia
ADDRESS 25350 Magic Mourtain Pkwy, Suite 300, ACA 91355
CITY Valencia ZIP 91355 PHONE 601-349-9239
SITE APPROVED DATE APPROVED DATE APPROVED
DISTRICT APPROVED DATE APPROVED
DENIED (Date:) BY: REASON:
OFFICE USE ONLY:
LIABILITY INSURANCE: ATTACHEDREQUESTED NOT REQUIRED
FEE RATE \$ DEPOSIT \$ APPLICATION FEE \$
Routing: Site Maint. Mgr
Custodian Tech Support
Applicant

HOLD HARMLESS AGREEMENT

In connection with the granted use of your facilities and pro	emises
at: Castall Elementary	
at: <u>Castall Elementari</u> For: <u>Chinese Lausnage</u>	Classes
The LA Intl. Academ / agrees to a the Castaic Union School District, its officers, agents a from every claim or demand made, from every liability whatsoever, which may be incurred by reason of:	nd employees, individually and collectively,
1. Death or bodily injury to persons, loss of or injury which may have been sustained by the District or the District upon or in connection with the activity	any persons, firm or cooperation employed by
Any injury to or death of persons or damage to pr firms or corporation including the arising negligence or willful misconduct of the firm or corporation employed by the LA by independent contract and attributable in coagreement, on or off District property.	or any person, or any person, either directly or onnection with the activity covered by this
The A THE Accept, at his any and all actions, suits or other proceedings to District, its officers, agents or employees and so liability or judgment rendered against the District action, suit or other proceedings as a result of the action.	hall pay or satisfy any such claim, demand, ict, its officers, agents, or employees in any
ACTIVITY: Vanguage clas	Ses
FOR THE USER:	FOR THE SCHOOL DISTRICT:
Print Legal Name: Fen Rucch	Authorized Agent:
Authorized Agent: (Signature)	(Signature)
Address: 25350 Magic Hth PKWY	Title:
Telephone: 661-349-9239	Date: