

breach of said conditions within any particular time period shall not constitute a waiver of the right to do so for any specific breach or as to any other violation of said requirements.

Furthermore, as authorized by board policy, the undersigned applicant understands that he shall be responsible for the costs of any repairs and/or replacements necessary due to any damages or destruction resulting from use of said building or equipment. The applicant agrees to hold harmless and indemnify the Jackson Public School District for any negligent or intention acts.

Policy KG/DEGA is hereto and incorporated herein as part of this application.

NOTE: All applicable fees and insurance requirement shall be presented and paid to JPSSD at least 5 days prior to the event. No final_____ arrangements will be made until all necessary payments and insurance has been submitted.

Group/Organization

Address (including zip code)

Representative Printed Name

Representative Signature

Title of Representative

Contact Number

Valid Email Address

RETURN APPLICATION TO:

Office of Facilities and Operations
Jackson Public Schools Administrative Office
101 Dr. Dennis Holloway Drive
Jackson, MS 39225-2338
(601) 960-5412 – FAX
(601) 960-8784 - OFFICE