

LAFOURCHE PARISH SCHOOL BOARD
Use of Facilities Insurance waiver form

Requestor: _____

Name _____

Location: _____

Attach report that contains the following elements:

- What will the facility be used for?
- Why are you asking for the insurance to be waived?

Signature

Date

Insurance Consultant: _____

To waive the insurance requirements: Allowed ___ Not Allowed ___

Comments: _____

Signature

Date

School Board Attorney: _____

To waive the insurance requirements: Allowed ___ Not Allowed ___

Comments: _____

Signature

Date

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Safety / Maintenance Department:

To waive the insurance requirements: Allowed ___ Not Allowed ___

Comments: _____

Signature _____

Date _____

Business Department:

To waive the insurance requirements: Allowed ___ Not Allowed ___

Comments: _____

Signature _____

Date _____

Insurance Committee:

To waive the insurance requirements: Allowed ___ Not Allowed ___

Comments: _____

Signature _____

Date _____
