



**Department of Athletics**

*Phil Willenbrock, Director*

15675 Ambaum Boulevard Southwest

Burien, Washington 98166

[www.highlineschools.org](http://www.highlineschools.org)

206-631-3014/206-631-3382 Fax

Please return required forms by email to [jessica.ulrich@highlineschools.org](mailto:jessica.ulrich@highlineschools.org).

1. Permit Application – Completed and signed/dated. NOTE: The Permit Application will be issued by the school district after all other forms and documents have been received.
2. Certificate of Insurance
  - A. Must list Highline Public Schools as “certificate holder” and “additional insured”.
  - B. See Insurance Instructions Form for required coverage amounts, etc.
3. Head Injury/Sudden Cardiac Compliance Form (required for all youth activities).
4. Proof of Non-Profit Status (must show same name as group applying to rent).
5. Food Permit
  - A. When requesting to cook/prepare food on site (hot dogs, hamburgers, chicken, etc.) a copy of the user group’s current food permit must be submitted with the application form. Please see link below for information on how to apply for a permit.
  - B. The original food permit must be clearly displayed on site during each use.  
<http://www.kingcounty.gov/healthservices/health/ehs/foodsafety/FoodBusiness.aspx>
6. Payment required 24 hours in advance. Any cancelation must be received 24 hours in advance to receive a refund. Use is not authorized until the Director of Athletics has reviewed all documentation, approved the permit, and collected fees.

**Questions? Please contact the Athletics Department at 206-631-3014.**

Director of Athletics: Phil Willenbrock, [philip.willenbrock@highlineschools.org](mailto:philip.willenbrock@highlineschools.org)

Athletics Department Events Manager: Jessica Ulrich, [jessica.ulrich@highlineschools.org](mailto:jessica.ulrich@highlineschools.org)

Athletics Mailing Address: 15675 Ambaum Boulevard S.W., Burien, WA 98166

Highline Memorial Field Address: 400 South 156<sup>th</sup> Street, Burien, WA 98148

Department Fax: 206-631-3382

Payment: May be made by check or credit card by contacting **Autumn Pratt at 206-631-3206**, [autumn.pratt@highlineschools.org](mailto:autumn.pratt@highlineschools.org). Please contact Autumn in advance to arrange payment.



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To: Stadium Users

From: Phil Willenbrock, Director of Athletics

Re: Guidelines for Turf Field Use

1. There is no food allowed on the turf, track, or immediately surrounding surfaces. This includes gum, sunflower seeds, and candy.
2. The only acceptable drink on or near the turf and track is **WATER**. No Gatorade, Powerades, etc. as the sugar base of these drinks will damage the turf. Athletes are also asked not to use any kind of greasy rubs (i.e. Ben Gay) as this stains the turf.
3. No metal cleats of any kind are allowed on the turf.
4. **NO SMOKING** anywhere on School District Property, including parking lots.
5. **NO PETS** anywhere in the stadium.
6. No spikes or metal cleats are allowed in the locker rooms. Spikes should only be worn on the track.
7. Do not place chairs, tents, canopies, etc., on the track or long jump runways.
8. No hanging, tugging, stretching of soccer nets, or hanging on soccer or football goals is acceptable. Coaches are responsible for reminding athletes to refrain from activities that damage equipment and are not part of regular athletic activities.
9. Coaches need to supervise their athletes. Coaches are responsible for the proper use of the locker rooms, field, and equipment. Items must be returned to their proper location. **Any damage sustained to the locker rooms, field, or equipment due to your rental will be charged to your organization.**
10. **Children must be supervised at all times. Please do not allow children to run along the bleachers or to enter the field/track area. They are also not to be on mats or railings of any kind and are not permitted in the sand pits.**
11. Users are expected to clean up the area. **Any extra custodial time required to clean the area as a result of your use will be charged to your school. You will be charged for any additional time on the field outside of the times agreed upon in your invoice.**

**Failure to follow these set guidelines may result in suspension of rental privileges.**

Your cooperation and assistance in keeping our facilities in good condition is greatly appreciated!

## Highline School District #401 - Certificate of Insurance Requirements

### User/Tenant Certificate of Insurance Requirements

Below are the requirements for a Certificate of Insurance to be accepted by the district. Please endeavor to complete all requirements before sending a certificate to the district or it will be returned for revision.

Work cannot begin until a certificate meeting all requirements has been received and accepted by the district.

- ☐ 1. Insurers affording coverage must carry a Best Rating of A- VIII or better.
- ☐ 2. Commercial General Liability Section
  - Must be Occurrence policy, refer Claims Made policies to Brown & Brown for Review
  - Washington Stop Gap coverage may be referenced in this section
- ☐ 3. Additional Insured, Waiver of Subrogation columns must be checked for General Liability, Automobile Liability and Umbrella Liability (if required). Additional Insured forms CG2011 (or equivalent) and Waiver of Subrogation form CG2404 (or equivalent) must be provided along with the Certificate of Insurance. Primary and Non-Contributory coverage is required and a copy must be provided along with the Certificate of Insurance.
- ☐ 4. General Liability Each Occurrence Limit must be at least \$1,000,000, General Aggregate Limit must be at least \$2,000,000 and the Products-Completed Operations Limit must be at least \$2,000,000
- ☐ 5. "Any Auto" coverage, which includes Hired and Non-Owned automobiles, is required. If the company does not own any vehicles, then the "Hired Autos" and "Non-Owned Autos" coverage are required.
- ☐ 6. Automobile Limit of at least \$1,000,000 is required.
- ☐ 7. Excess/Umbrella coverage must be included, if required by the contract.
  - The Retention/Deductible must not exceed \$10,000.
- ☐ 8. Excess/Umbrella Limit of at least \$1,000,000 must be shown, if required by written contract.
- ☐ 9. Washington Stop Gap coverage of at least \$1,000,000 is required (if not shown in the General Liability section).
- ☐ 10. "Description of Operations" section should reference the facility name and address being used and dates of usage.
- ☐ 11. Certificate Holder name is to read "Highline School District #401, its directors, officers and employees".



USER/TENANT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		FAX (A/C, No):	
	PHONE (A/C, No, Ext):			
	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: Not Less Than A- VIII			1
INSURED Name as it appears in the contract	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> WA Stop Gap \$1M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ 10,000	Y	Y	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	XXXXXXXXXX WA Stop Gap	XX/XX/XX	XX/XX/XX	PER STATUTE <input checked="" type="checkbox"/> OTH-ER WA Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Use of Facility Name XXXXX, Location XXXXX, Date(s) XXXXX

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## CERTIFICATE HOLDER

## CANCELLATION

Highline School District #401  
its directors, officers and employees  
15675 Ambaum Blvd SW  
Burien, WA 98166

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# Highline Public Schools Athletics Turf Field Rental Agreement

Athletics Office Address: 15675 Ambaum Boulevard S.E., Burien, WA 98166

Phone: 206-631-3014 ~ Fax: 206-631-3382

Director of Athletics: Phil Willenbrock, philip.willenbrock@highlineschools.org

**Stadium Address:** 400 South 156<sup>th</sup> Street, Burien, 98148

**Mount Rainier Address:** 22450 19<sup>th</sup> Avenue South, Des Moines, 98198

**Group Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Name/Title of Contact Person:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Non-Profit Group:** Yes ☐ Proof of non-profit status required before contract is issued. No ☐

**Youth or Adult:** Youth: ☐ Adult: ☐ If Youth, are 60% or more from Highline PS? Yes ☐ No ☐

**Anticipated Attendance:** \_\_\_\_\_ **Number of supervisors your group provides:** \_\_\_\_\_

**Will admission be charged?** Yes ☐ No ☐ If Yes, how much? \_\_\_\_\_

**Will funds be solicited or collection taken?** Yes ☐ No ☐

**Description of Event:** \_\_\_\_\_

**Items Requested:**

FieldTurf Field & Restrooms	<input type="checkbox"/>	HPS Field Attendant Required
Scoreboard	<input type="checkbox"/>	HPS Operator Required
Grandstands	<input type="checkbox"/>	
Locker Rooms	<input type="checkbox"/>	
Ticket Booth(s) (4 available)	<input type="checkbox"/>	How Many? _____
Press Box/PA System	<input type="checkbox"/>	
Track Only & Restrooms	<input type="checkbox"/>	
Concessions Sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, will cooking take place? <input type="checkbox"/> Yes <input type="checkbox"/> No

Lights will be billed accordingly. Turn on time = 30 minutes prior to published sunset.

Concessions may be sold. Concession stand is not available to outside users.

*Note: Additional field supervision and/or security relative to size of event/activity may be required by HPS.*

**Date(s)/Time(s) Requested:** Please submit date(s)/time(s) requested by email with the permit attached.

## Additional Submittals/Forms Required Annually Prior to Approval of Application and First Use

Y/ N Proof of insurance - \$1,000,000 combined single limit per occurrence and in the minimum of \$2,000,000 in the aggregate; certificate of insurance naming Highline Public Schools "Certificate Holder" and "Additional Insured".

Y/ N Compliance statement for House Bill 1824, Youth Sports – Head Injuries.

Y/ N Proof of non-profit status if applicable. Copy of food permit required prior to approval of application for groups cooking/preparing food on site.  
(initial) \_\_\_\_\_ Acknowledgement and understanding of Field Use guidelines and requisite consequences.

**Printed Name of Group Representative:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**This Section for Athletic Department Use Only** **Permit Number:** \_\_\_\_\_ **Amount Owed:** \_\_\_\_\_

**Insurance Received:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **Proof of Non-Profit Status Received:** \_\_\_\_\_

**Compliance Statement Received:** \_\_\_\_\_ **Food Permit Received:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_ **Method of Payment:** \_\_\_\_\_ **Check or Transaction Number:** \_\_\_\_\_

Approval by Director of Athletics Phil Willenbrock \_\_\_\_\_ Date \_\_\_\_\_

**TO MAKE PAYMENT BY CREDIT CARD OR CHECK CONTACT AUTUMN PRATT AT 206-631-3206**



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## Compliance Statement for HB 1824, Youth Sports – Head Injury Policies and SB 5083, Sudden Cardiac Arrest Awareness

\_\_\_\_\_ requests the use of \_\_\_\_\_  
User Group Name Site Name

A Highline School District Facility for the following dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, a youth sports group, verifies all *coaches*, athletes, and their parents/guardians have complied with mandated policies for the **Management of Concussions and Head Injuries** as prescribed by HB 1824, section 2 and **Sudden Cardiac Arrest Awareness** as prescribed by SB 5083, section 3.

Attached is Proof of Insurance under an accident and liability policy issued by an insurance company authorized to do business in Washington State covering any injury or damage with at least \$50,000 due to bodily injury or death of one person, or at least \$100,000 due to bodily injury or death of two or more persons.

Signed:

\_\_\_\_\_  
Representative of Youth Sports Group / Title Date

**\*Note: Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district and/or designee.**



**Department of Athletics**  
*Dr. Philip J. Willenbrock, Director*  
15675 Ambaum Boulevard Southwest  
Burien, Washington 98166  
[www.highlineschools.org](http://www.highlineschools.org)  
[philip.willenbrock@highlineschools.org](mailto:philip.willenbrock@highlineschools.org)  
206-631-3014

2021-22

## **NOTICE: BEHAVIORAL EXPECTATIONS OF GROUPS RENTING HIGHLINE FACILITIES**

As a Renter of a Highline Public Schools Facility, the behavior of ALL involved in your activities (Fans, Officials, Players, Coaches) are expected to comply with [Highline Public School District Policies](#) especially those around interpersonal interactions. Two policies are shared below. It is the responsibility of the contractual party to ensure compliance. Failure to do so may result in cancellation of the rental agreement. Thank You.

GROUP: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PRINTED NAME AND CELL#: \_\_\_\_\_

### **Policy 5011 - SEXUAL HARASSMENT OF DISTRICT STAFF PROHIBITED**

Highline Public Schools is committed to a positive and productive education and working environment free from discrimination, intimidation, and retribution including sexual harassment. The district prohibits sexual harassment of employees and others involved in school district activities by other students, employees, or third parties, whether that activity is in a school facility, on school transportation, or at an event or training held elsewhere. A commitment to a positive and productive education and working environment free of sexual harassment is a commitment to a strong workplace and educational environment and culture for our staff and students.

**Definitions:** For purposes of this policy, sexual harassment means unwelcome conduct or communication of a sexual nature. Sexual harassment can occur student to adult, adult to adult, or can be carried out by a group of students or adults and will be investigated by the District even if the alleged harasser is not a part of the school staff or student body.

Under federal and state law, the term "sexual harassment" includes

- Acts of sexual violence;
- Unwelcome sexual or gender-directed conduct or communication that interferes with an individual's employment performance or creates an intimidating, hostile, or offensive environment;
- Unwelcome sexual advances;
- Unwelcome requests for sexual favors;
- Sexual demands when submission is a stated or implied condition of obtaining an work opportunity or other benefit;
- Sexual demands where submission or rejection is a factor in a work or other school-related decision affecting an individual

A "hostile environment" for an employee is created where the unwanted conduct is sufficiently severe or pervasive to create a work environment and/or experience that a reasonable person would consider intimidating, hostile, or abusive.

## Policy 5000 - WORKPLACE ENVIRONMENT AND CULTURE

Highline Public Schools is deeply engaged in work around equity, race and identity to better foster and support an environment in which our students, families, and staff grow, thrive, and succeed. This work, and the language used to describe it, is rapidly evolving. This policy will be reviewed at least annually to reflect current practices and language.

It is the belief of the Highline School Board that our workplace environment should be a place that embodies the beliefs in our Equity Policy (0010), is productive, and supports the free flow of ideas without fear, intimidation or retaliation. In order to fully execute that policy we are committed to ensuring workplaces that respect our staff as individuals, including a recognition of individual characteristics such as race and ethnicity; language abilities; physical abilities; socioeconomic status; country of origin; sexual orientation including gender expression or identity; age; gender; and military status.

“Workplace environment” is defined as the tangible and cultural conditions in which we find ourselves while at work. We use the term workplace environment, distinct from “working conditions,” to include times when you are in your work space or classroom, as well as in other work spaces, including any district facility or event.

We have a shared commitment to our students and their success, and bring with us individual beliefs, experiences, backgrounds, and cultures. Staff are expected to respect those differences. Our students observe us and model their behavior after ours. Staff therefore must serve as appropriate models for respectful problem-solving.

We believe a positive workplace environment leads to equitable, inclusive, supportive, and responsive learning environments for students and believe that student success is enhanced when the adults around them feel welcomed, valued, safe, and respected at work.

We acknowledge that terms such as “respect” and “safe” are deeply rooted in cultures and experiences and have different meanings for different cultures, which is why we must recognize, accept and address the impact of our actions. “Recognizing, accepting and addressing the impact of our actions” means that when made aware that our actions or words have harmed another person we will reflect and acknowledge, rather than become defensive or deny the impact. This does not imply that the action or words were *intended* to harm—simply that they did. There are specific behaviors which promote inequitable and discriminatory workplace environments and that limit the success of our students and colleagues. These behaviors may occur once or repeatedly, and can create a negative impact on individuals within the workplace. Such behaviors can create inequitable, non-inclusive, and/or discriminatory workplace environments, and may include, but are not limited to, the following:

- Microaggressions
- Implicit biases that impact interactions, decisions and judgments about the capability of a colleague or staff member
- Behavior that is perceived as bullying or harassing
- Actions that manipulate relationships and/or resources to unfairly position one over another as a form of coercion or manipulation for self or group advantage
- Repeated interruption of another individual who is speaking at an appropriate time
- Vulgar, obscene, triggering, or profane gestures, slurs, words, visuals, or displays that create an uncomfortable, discriminatory, and/or unwanted workplace environment
- The use of personal epithets
- Gesturing in a manner that elicits fear in another individual