SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

18160 GAGES LAKE ROAD * GAGES LAKE, ILLINOIS 60030-1819 847-548-8470 * Fax 847-548-8472 * VRS 224-207-8496

www.sedol.us

Application and Procedures for Use of School Facilities

Today's Date:				
School Facility Requested: (Admin Bldg.) (Cyd Lash)	(Gages Lake) (John Powers) (Laremont)			
SEDOL General Campus	(Specify Area Requested)			
Name of Organization:				
Part(s) of Building to Be Used:				
Certificate of Insurance on File:	Expiration Date:			
Purpose of Activity (Type of Program):				
Date(s) of Use: (If more than one day, please attach a list of day	ates.)			
Time of Arrival:	Time of Departure:			
Automatic External Defibrillators (AED's) are located outside each gym at each building.				
Building	Location			
Administration Building	DuClos/Brown Room, main entrance			
Cyd Lash Academy	1 st Floor, main hallway, outside the gymnasium			
Gages Lake School	Main hallway, in the commons area & outside the gymnasium			
John Powers Center	Classroom on main floor			
Laremont School	Main hallway, outside the gymnasium.			
	al activities must have at least one adult who is trained in CPR and AED			
	ates and a copy of their current card needs to be sent along with this			
application. Initial here				
<u>Please Attach CPR/AED Card to Facility Use Application</u>				
Notes:				

Schedule of Building Use Fees

GROUPS THAT MAY USE THE SCHOOL FACILITIES

- 1 School Affiliated Groups: PTA, teachers associations, school committees, booster clubs, board-sponsored groups or councils, county or state school performances.
- 2. Park District, Groups and Organizations not affiliated with the district: Nonprofit organizations, Girls Scouts, Boy Scouts, provided that not less than 75% of the membership is composed of District 825 students, and is open for participation by any local citizen.

These building use charges are for organizations that do not service the students of SEDOL District 825, or a "for-profit" organization servicing the students of SEDOL District 825

Area of Use	Building Rate per Hour	Custodian/Staff Rate per Hour	
Kitchen (Admin Bldg)	\$ 50.00	\$35.00	
Meeting Room (Admin Bldg)	\$100.00	\$35.00	
Gymnasium (Gages Lake) or (Cyd Lash)	\$100.00	\$35.00	
Cafeteria (no kitchen)	\$100.00	\$35.00	
Cafeteria (with kitchen)	\$150.00	\$35.00	
Computer Lab (Cyd Lash)	\$100.00	\$35.00	
Life Skills Room (Cyd Lash)	\$100.00	\$35.00	
Multi-Purpose Room (Cyd Lash)	\$100.00	\$35.00	
SEDOL General Campus	\$100.00	\$35.00	
TOTAL FEE:			

- SEDOL District 825 has the ability to decide if there is a need for any special services such as Maintenance, Cafeteria, Supervisory, and other needed personnel. For all indoor usage of any facility, a District 825 employee must be present at all times for a minimum of three (3) hours on Saturdays.
- Please contact Kevin Saum at 847-721-3907 if you have facility issues on the day of your scheduled event.

Procedures/Regulations

- 1) Only residents or organizations residing in District 825 and servicing the students of District 825 will be allowed to use any facility and/or equipment at no building charge. All other organizations will be required to pay a building usage charge. See schedule of building fees above.
- 2) Full payment for building use is due one week before the date of usage. Checks are to be made payable to SEDOL District 825.
- 3) The applying organization assumes full responsibility for misuse and damage to building and equipment.
- 4) Organizations assume full responsibility for proper supervision and conduct of their groups while in the building or on district grounds. Failure to provide proper supervision may result in denial of future privileges.
- 5) There will be no smoking or alcoholic beverage of any kind brought to or consumed on the district premises.
- 6) No school facilities will be rented or made available on school holidays or holiday weekends.
- 7) Only that portion of the building covered by this application shall be used.
- 8) All spaces being used will be left in the same condition as found.
- 9) No food or drink allowed (only water) on district premises unless prior approval is granted by the building administrator.
- 10) A listed contact person must be present at all times with one additional responsible party to help supervise.
- 11) Any changes to dates and/or times must be requested in writing at the school office. *See cancellation policy below.
- 12) Failure to follow any of the regulations can result in loss of privileges and/or fees.
- 13) The district has the right to close a facility due to repair, maintenance, or detrimental weather conditions at any time.
- 14) Insurance in the amount of \$1,000,000 with District 825 named as additional insured party may be required.

Insurance in the amount of \$1,000,000 as stated in #14 above is required? Yes _____ No_____

Cancellations

Cancellations (not weather related) must notify Kevin Saum 847-721-3907 as well as Khristine Haydock via email at <u>khaydock@sedol.us</u> within 72 hours or you may incur a fee of 50% of your scheduled rate.

The SEDOL Executive Board requires all users of the building to sign the following hold harmless clause in addition to agreeing to abide by the above procedures/regulations.

"In consideration of being able to use the district's facilities, I, for myself, the members of my club/association/organization/council/group, my personal representatives, heirs, executors, next of kin, and assigns do hereby release, waive, hold harmless, covenant not and reimburse SEDOL District 825 Executive Board, its administrators, members, and employees with respect to any claims, demands, losses, damages, attorneys fees, and any other expense that may arise due to personal injury, property damage, or otherwise, suffered or incurred in connection with or incident to the use of the district facilities by the undersigned."

First On-Site Contact Person	Daytime Phone	Second On-Site Contact Person		Daytime Phone
Name & Title of Person Requesting	Building Use (Please Print ,)	Daytime	Phone
Signature of Person Requesting Buil	ding Use	Daytime Phone		
Principal's Signature (Calendar Clea	arance)	Date		
Signature of Asst. Supt. of Business		Date		