

# Pittsford Central Schools

#3280

## Application and agreement for use of school Facilities

### Athletic Facility Usage Request Form

(gymnasiums, pools or fields, etc.)

This form is to be completed when requesting use of **athletic** facilities and equipment (gymnasiums, pools, fields, etc.) This form must be submitted to the athletic department 42 West Jefferson Road **at least two weeks prior to the event.**

**Person in charge (PLEASE PRINT):** \_\_\_\_\_

<b>Application date:</b>	<b>Building:</b>	<b>Facility or area</b>	<b>Date(s) requested:</b>	<b>Total hours:</b> <b>From:</b> <b>To:</b>
<b>Organization name:</b>		<b>Actual time of event:</b> <b>From:</b> _____ <b>To:</b> _____		
<b>Estimated attendance:</b>		<b>Name of on site supervisor(s) for event (must be present):</b>		
<b>Are admission fees being charged:</b> Yes      No		<b>Address:</b> <b>Phone: Home:</b> _____ <b>Work:</b> _____ <b>Cell:</b> _____ <b>E-Mail:</b> _____		
<b>Purpose of use of facility (explain completely-ex: game, tournament, practice, etc.):</b>				
<b>Is use of the Sutherland High School Stadium concession stand/bathrooms requested: Yes</b> _____				
<b>Is use of the Stadium Turf Field lights requested: Yes</b> _____				
<b>Furniture/equipment/support services needed (be specific and thorough):</b>				
<b>All contests will be charged for field lining.</b>				
<b>If use of an exterior field is being requested outside of normal building hours of operation and you would like building access, please indicate "yes" in this box (custodial labor fees may be applied): Yes</b> _____				
<b>Equipment/materials to be brought by organization (no food/drink allowed in pool or gym areas):</b>				

This organization does covenant and agree to defend, indemnify and hold harmless the Pittsford CSD from and against any and all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in any way connected with the actual or proposed use of Pittsford CSD property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, contractor or subcontractor of this organization.

This organization understands and agrees that its use of Pittsford CSD property and facilities includes, but is not limited to, all areas identified in the application and/or permit, and sidewalks, walkways, parking lots, entrances, stairs, and all other areas incidental to and/or connected with the use of the premises (hereinafter referred to as "incidental areas"). This organization agrees that its indemnity and insurance obligations extend to the areas identified in the application and/or permit and any and all incidental areas.

General Liability Insurance: Organizations/Persons using school facilities shall provide the District with proof of liability insurance with the Pittsford CSD listed as an Additional Insured at limits equal or greater than \$1,000,000 per occurrence and \$2,000,000 aggregate per the Insurance Requirements set forth in the Facility Use Policy. Name of Insurance Carrier \_\_\_\_\_ **(please attach certificate of insurance)**

I have read the Pittsford CSD's facilities usage regulations and fee schedule and hereby certify that the organization which I represent and the activity which we are sponsoring fully meets the conditions set forth, and agree to observe all rules and procedures as stated. Hold Harmless Agreement: The undersigned is over 21 years of age and has read this form and regulations and agrees to comply with them. He/she, on behalf of \_\_\_\_\_ (Organization) does hereby covenant and agree to defend, indemnify and hold harmless the District from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connections with the actual or proposed use of the District's property, facilities and /or services by \_\_\_\_\_ (Organization).

Renting organization must provide their own AED to be available at all times during rentals for outside use per location. The renting organization must have at least one AED certified person on-site per location during facility rental.

**Signature of person in charge:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

#### For internal use only

The schedule has been checked and the above facilities are available:    **Approved**                      **Denied**

Director of Athletics: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution:**

<b>Bldg Administrator:</b>	<b>Head Custodian:</b>	<b>Business Office: (main file)</b>	<b>Originator of Application:</b>
<b>Director of OMS:</b>	<b>Technology:(as required)</b>	<b>Food Service:(as required)</b>	

**Estimated Fee:**  
**Labor Fees:**

**Use Fees:**