

DOVER BOARD OF EDUCATION

Dover, New Jersey

APPLICATION FOR THE USE OF SCHOOL FACILITIES

Date of Request: _____

**Please complete and return to the Board of Education Office
thirty (30) days in advance of event/activity**

Facility requested for rent: _____

Date of use _____ Time: From _____ to _____

Description of proposed use: _____

Name of Organization: _____

Print Name of Applicant: _____

I hereby certify that I am duly authorized to represent the above named organization in this application, am of legal age and personally assume responsibility for any and all charges for facilities used.

Address of Applicant: _____

Telephone Number: _____

Signature of Applicant: _____

Applicants certify that they will abide by all district regulations pertaining to building use as well as policies regarding non-discrimination and any applicable laws.

Primary #: _____

On-Site Contact/Coach: _____ Telephone: Cell #: _____

Number of participants expected: _____ Has this facility been used before? _____

Is this activity for profit? Yes _____ No _____ Amount of admission to be charged (or donation): _____

Disposition of proceeds: _____

If for charity, give name and address of organization

Other services requested at an extra cost: _____

The applicant assumes full responsibility for Bodily Injury and Property Damage incurred as a result of the acts or omissions of the applicant, its members, agents, contractors, servants, employees, volunteers, applicants, or invitees. The applicant must present an insurance certificate guaranteeing proper liability coverage of at least a Combined Single Limit of \$1,000,000 per occurrence/\$2,000,000 aggregate insuring the applicant against any liability for bodily injury and property damage. Youth sports team organizations shall also insure per Policy 7510. The Dover Board of Education shall be named as an additional insured on such insurance policy. A copy of the necessary insurance policy must be presented to the Dover Board of Education, upon request, prior to the applicant's use of the facilities.

Pursuant to N.J.S.A. 18A:40-41.5, the Dover Board of Education shall not be liable for the injury or death of a person due to the action or inaction of the applicant or any of the applicant's members, agents, contractors, servants, employees, volunteers, applicants, or invitees.

If the applicant is a “youth sports team organization,” as that term is defined by N.J.S.A. 18A:40-41.5(b), the applicant shall provide the Board of Education with a statement of compliance with the Board of Education’s Policy No. 2431.4 “Concussion Testing and Return-to-Play” for the management of concussions and other head injuries. As defined in N.J.S.A. 18A:40-41.5(b) a “youth sports team organization” means one or more sports teams organized pursuant to a nonprofit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation department.

If the applicant is a “sports” organization the applicant shall provide the Dover Board of Education with a copy of their Blanket Accident Policy, or an equivalent insurance certificate guaranteeing proper accident coverage for the participants.

**Statement of Compliance with the
Dover Board of Education Policy No. 2431.4
“Prevention and Treatment of Sports-Related Concussions and Head Injuries”
and “Concussion Testing and Return-to-Play”**

I, _____, _____, on behalf of

(hereinafter referred to as “Applicant”)

hereby certify to the following:

1. The Dover Board of Education and the applicant are Parties to a Use of Public School Facilities Agreement (hereinafter referred to as the “Agreement”) entered into on _____, for the purpose of permitting the applicant to utilize the _____ (hereinafter referred to as the “Facilities”) for the purpose of _____.
2. In accordance with N.J.S.A. 18A:40-41.5(a)(2), the applicant has read and hereby agrees to comply with Board Policy No. **2431.4 “Prevention and Treatment of Sports-Related Concussions and Head Injuries,”** a copy of which is attached and made a part hereof in connection with its use of the Facilities as provided in the Agreement.

WITNESS: _____ Applicant

Dated: _____ Dated: _____

It is the responsibility of the applicant to have, in its possession, an automated external defibrillator (AED) when District property is being utilized, and to have a certified person (CPR and AED) on site to operate it.

WITNESS: _____ Applicant

Dated: _____ Dated: _____

Approval: Yes No

Reason for rejection:

Athletic Director requires a copy of all schedules prior to approval.

Athletic Director Date

School Principal Date

School Business Administrator Date

If facility use is still desired, please submit a new application reflecting any changes.

Please note: Under Board of Education policy, school activities take precedence over all other use of facilities.

AGREEMENT

In consideration of permission being granted by the Board of Education of the Town of Dover, the

hereby understands and agrees that the Board of Education of the Town of Dover shall be kept and saved harmless from any and all liability, claim or demand arising from or out of any use of occupancy of any school building, or part thereof, or school facilities, by said _____

_____ its agents, servants, employees, invites or guests of any nature or description.

Signature _____

Date _____

THIS FORM MUST BE COMPLETED AND RETURNED TO THE BOARD OF EDUCATION OFFICE BEFORE THE DATE OF THE SCHEDULED USE OF THE SCHOOL FACILITIES IN ORDER FOR THE PERMIT TO BECOME EFFECTIVE.