



## NYSIR FACILITY USE SUPPLEMENT YOUTHSPORTSGROUPS-AEDSUPPLEMENT

For youth sports groups using District/BOCES outdoor event space or fields where there are no generally provided outdoor AEDs, (FACILITY USER) acknowledges and agrees that the following conditions apply:

- Access to the District/BOCES' AEDs located inside school buildings is **NOT** provided with/for **field use** by youth sports leagues or other outside organizations.
- (FACILITY USER) shall provide its own AED.
- AED Implementation Plan with the pertinent County Department of Health; **AND**
- Will require at least one person associated with (FACILITY USER) (e.g., coaches and volunteers) trained and certified in the use of AEDs to be on-site and present during any (FACILITY USER) activity taking place at or on District/BOCES property.

(NAME OF FACILITY USER) covenants and agrees to defend, indemnify and hold harmless the (NAME OF DISTRICT/BOCES) 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 (NAME OF DISTRICT/BOCES) property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, spectator, contractor or subcontractor of (FACILITY USER).

(FACILITY USER) understands and agrees that its use of (NAME OF DISTRICT's/BOCES) 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"). (FACILITY USER) agrees that its indemnity and insurance obligations extend to the areas identified in the application and/or permit and any and all incidental areas.

\_\_\_\_\_  
Signature of Facility User's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District's Representative

\_\_\_\_\_  
Date

### NEW YORK SCHOOLS INSURANCE RECIPROCAL

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