



# NORTH SALEM

Central School District  
230 June Road · North Salem, New York 10560  
(914) 669-5414 · Fax: (914) 669 - 5423  
<http://www.northsalemschools.org>

**Adam VanDerStuyf, Ed.D.**  
Acting Superintendent of Schools

**Joannes W. Sieverding, Ph.D.**  
Director of Facilities &  
Transportation

## REQUEST AND PERMIT FOR USE OF SCHOOL FACILITIES (INCLUDING ATHLETIC & RECREATION CAMPS)

1. Name of Organization \_\_\_\_\_ Email: \_\_\_\_\_
2. Address \_\_\_\_\_ Tel. # \_\_\_\_\_
3. Type of Activity \_\_\_\_\_
4. Day and Date \_\_\_\_\_ Time (From) \_\_\_\_\_ (To) \_\_\_\_\_
5. Field desired: HS/MS \_\_\_\_\_ Turf \_\_\_\_\_ PQ \_\_\_\_\_ Estimated Attendance \_\_\_\_\_  
Room desired: HS/MS \_\_\_\_\_ PQ \_\_\_\_\_ Estimated Attendance \_\_\_\_\_  
Will admission be charged? \_\_\_\_\_ Proceeds for \_\_\_\_\_
6. Special Arrangements (Goals: Field Hockey \_\_ Soccer \_\_ Lacrosse \_\_, Stadium Lights \_\_, etc.) \_\_\_\_\_  
\_\_\_\_\_
7. Will the Kitchen be used? \_\_\_\_\_ If yes, state in detail what will be served and equipment needed:  
\_\_\_\_\_  
\_\_\_\_\_

The above named organization does covenant and agree to defend, indemnify and hold harmless the North Salem 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 North Salem CSD's property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, contractor or subcontractor of the above named organization. The above named organization understands and agrees that its use of North Salem CSD's 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"). The above named 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.

\_\_\_\_\_  
Signature of Authorized Representative

Date: \_\_\_\_\_

Approved \_\_\_\_\_

Director of Facilities

cc: Building Principal  
Custodian



# WELCOME TO TIGER STADIUM

**THESE RULES WILL HELP TO MAINTAIN  
OUR FIELD**

## ONLY AUTHORIZED USE

Only coaches, athletes and personnel with an approved Use of Facilities Permit may use this field

## NO UNAPPROVED OBJECTS OR EQUIPMENT

Lifting, rolling, or moving goals and equipment on the turf may only be done by NSCSD Custodial or Maintenance Staff

Cleats must be rubber or molded. No metal tipped cleats or high heels are permitted on the turf

Sharp objects such as tent spikes, corner flags and poles which may penetrate or damage the turf and are not permitted

Only NSCSD approved athletic equipment, chairs or benches are permitted

Apply sunblock prior to entering the turf area: no suntan lotions, oils or creams of any kind on the turf.

\_\_\_\_\_  
Initial

## NO FOOD OR BEVERAGES

Water is the only beverage permitted

No flavored sports drinks or liquids (soda, juice, energy drinks, etc.)

No glass bottles or glass products of any kind

No food of any kind is permitted including, gum, shelled seeds or nuts

\_\_\_\_\_  
Initial

## USE FOR APPROVED SPORTS ONLY

Field may be used for Field Hockey, Lacrosse, Soccer, and for Softball and Baseball practice

No vehicles, bicycles, strollers, roller blading, or skateboarding

No golf chipping, shot-put, discus throwing, or javelin

\_\_\_\_\_  
Initial

### Fee Schedule

#### Group A

School Activities,  
Student Clubs

#### Group B

In-District  
Not-for-Profit  
Community Organization

Turf Field

No Fee

\$40/hr

Stadium Lights

No Fee

\$15/hr

Custodial/Grounds Crew

No Fee

\$46.50/hr Sat./\$62.00 Sunday and Holidays

**REQUEST AND PERMIT FOR USE OF SCHOOL FACILITIES**  
**(INCLUDING ATHLETIC & RECREATION CAMPS)**

Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the facility user hereby agrees to effectuate the naming of the District/BOCES as an Additional Insured on the facility user's insurance policies, except for workers' compensation and N.Y. State Disability insurance.

The policy naming the District as an Additional Insured shall:

- A. Be an insurance policy from an A.M. Best A – rated or better insurer.
- B. State that the organization's coverage shall be primary and non-contributory coverage for the District/BOCES, its Board, employees and volunteers. It is the intent of this agreement that Additional insured status shall cover and extend to property and facilities including, but 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.
- C. Additional insured status shall be provided by standard or other endorsements that extend coverage to the District/BOCES (CG 20 26) or equivalent. The decision to accept an endorsement rest solely with the District/BOCES. A completed copy of the endorsements must be attached to the Certificate of Insurance.

The certificate of insurance must describe the services provided by the facility user that are covered by the liability policies.

The facility user agrees to indemnify the District/BOCES for applicable deductibles and self-insured retentions.

**Minimum Required Insurance:**

- A. **Commercial General Liability Insurance**  
\$1,000,000 per occurrence/\$2,000,000 aggregate, with no exclusions for athletic participants.
- B. **Automobile Liability (When an organization's vehicle is brought onsite)**  
\$1,000,000 combined single limit for owned, hired, borrowed and non-owned motor vehicles.
- C. **Workers' Compensation and NYS Disability Insurance (For Organizations With Employees)**  
Statutory Workers' Compensation (C-105.2 or U-26.3); and NYS Disability Insurance (DB-120.1) for all employees. Proof of coverage must be on the approved specific form, as required by the New York State Worker's Compensation Board. ACORD certificates are not acceptable. A person seeking an exemption must file a CE-200 Form with the state. The form can be completed and submitted directly to the WC Board online.
- D. **Umbrella/Excess Insurance**
  - General Use**  
\$1 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis over the required General Liability coverage.
  - Athletic and Recreational Camps**  
\$5 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis over the required General Liability coverage.
  - Carnivals and Firework Displays, etc.**  
\$10 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis over the required General Liability coverage.

The facility user acknowledges that failure to obtain such insurance on behalf of the district/BOCES constitutes a material breach of contract. The facility user is to provide the district/BOCES with a certificate of insurance, evidencing the above requirements have been met, prior to the event.