

Webutuck (Northeast) Central School District

194 Haight Road; P.O. Box 405, Amenia, NY 12501

APPLICATION FOR USE OF SCHOOL FACILITIES**Procedure:**

1. This form must be submitted to the main office at least two weeks prior to the date requested.
2. Insurance certificate must be attached to this form when submitted. (Commercial General Liability
3. Insurance: \$1,000,000 per occurrence/\$2,000,000 aggregate (see addendum on ins. req. sample below.)

Organization: _____**Contact Person(s):** _____**Address & phone:** _____
_____**FACILITIES REQUESTED**

School/Bldg: _____

Specific Room(s)/areas/fields/etc.: _____

_____Special Equipment/Furniture Required: _____

Special Arrangements: _____

Purpose of Meeting/Activity: _____

Estimated Attendance: Adults _____ Children/Students _____

Admission Charge: Adults _____ Children/Students _____

For what purpose will proceeds be spent? _____
_____**DATE(S) OF REQUESTED USE:**

Day(s) of week: _____ Date (s): _____

If recurrent or regularly scheduled activity/event, list all requested dates: _____
_____**TIME REQUESTED:** Arrival: _____ Departure: _____ Total: hrs _____ min _____****NOTE:** In the event of an emergency school closing, all activities, including community activities will be canceled for the day.**INSURANCE CERTIFICATE:** _____ included with this request _____ previously submitted

The undersigned is an officer or official of the organization requesting use of school facilities, guarantees observation of all regulations governing use as listed on the reverse of this form, payment of any charges incurred, and states that the organization assumes responsibility for any personal injury or property damage which may be caused by such use.

1. Insurance Liability Requirements:

Insurance Certificate Received Date _____ Insurance Certificate Approval Date _____ N/A _____

2. Calculation of Charges:

\$ _____ per hour, per laborer, estimated at _____ hours for _____ laborer(s) equals = \$ _____

Additional Charges: \$ _____

Total Estimated charges: _____

PAYMENT RECEIVED _____

3. Interdepartmental Approvals:

Athletic Director _____

Supervisor Facilities _____

Building Principal _____

Business Official _____

4. Carbon Copy:

Applicant/Organization ☐

Bldg. Principal ☐

Supervisor of F & G ☐

Business Office ☐

REGULATIONS GOVERNING BUILDING USE

1. School building/grounds may be used only by organizations and for purposes outlined in Section 414, Education Laws of NY State.
2. The person signing the application is responsible for guaranteeing observance of all regulations, payment of any charges incurred and assumes responsibility for any damage to school property which may be caused by such use by applicant organization.
3. The user shall be responsible for providing qualified supervision which shall consist of at least one adult per twenty-five participants or in such quantity as may be deemed necessary by the District Administration.
4. Smoking is not permitted in school buildings.
5. Gambling and the sale of intoxicating beverages are forbidden.
6. The Board reserves the right to cancel the use of school facilities or to change or amend such agreements as may be necessary due to emergency or unforeseen circumstances.
7. Instructional equipment, supplies, cafeteria/kitchen equipment, athletic equipment, etc. shall not be available unless requested in advance on the application form and approved. When supplied, special rules and charges fixed by the Business Office may apply.
8. Permission to use school facilities is neither transferable nor assignable.
9. School buildings may not be used on Sunday without special permission of the Board.

(A copy of the full Board Policy governing Community use of Building is available upon request).

Webutuck (Northeast) Central School District

194 Haight Road, P.O. Box 405

Amenia, New York 12501

Telephone (845)373-4100

Fax (845)373-4102

Building Use Requirements & Agreement

1. Complete and return *Building Use Form* to the High School Main Office and await notification of approval of the request.
2. Method of access to the gymnasium will be granted based upon the type of activity, participants, dates and times needed.
3. Requestor is fully responsible for all participants and visitors.
4. If participants are directed to enter directly into the gymnasium, precautions must be taken to prevent damage to floors.
5. Doors are not to be propped open at any time.
6. Locker rooms are not to be used under any circumstances. Restrooms are available in the cafeterias and in the main high school corridor. Bathrooms must be inspected at the conclusion of the event to be sure the bathroom is left in proper order. Any problems should be communicated to the appropriate staff listed in the contact information.
7. Injuries to participants or visitors must be reported immediately and accident report completed and returned to the Athletic Director or High School Main Office.
8. Turn off lights.
9. Close the doors to be sure they are locked.
10. The following list of contact information for school officials should be available in case of any equipment/facility issues that may arise:
 - a. **Jon Zenz**, Athletic Director **(845)373-4106**
 - b. **Anthony D'Amato**, Director of Facilities **(845)373-4128**
11. Any damage to school facilities should be brought to the attention of school officials as soon as possible. Any needed repair or replacement costs will be the responsibility of the outside group.
12. Upon termination of the Building Use Application, any keys or other access cards must be returned to the District Office.

I, _____, understand and will comply with the above requirements. I understand that failure to comply will void my building use request immediately and that I am responsible for any and all damages.

Print Name: _____ **Date:** _____

Signature: _____

Organization: _____



Webutuck (North East) Central School District

194 Haight Road, P.O. Box 405

Amenia, New York 12501

Telephone (845)373-4100

Fax (845)373-4102

HOLD HARMLESS AGREEMENT

_____ (Name of Organization) does hereby covenant and agree to defend, indemnify and hold harmless the ***Webutuck (Northeast) Central School District*** from and against any and all liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of, or in connection with, actual or proposed use of ***Webutuck (Northeast) Central School District*** property, facilities and/or services, activities, functions, events, and affairs or proceeding of _____ (Name of Organization).

District Official Signature

Signature of Responsible Party

Date

Date

SAMPLE INSURANCE AGREEMENT - USE OF FACILITIES

- I. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the permittee hereby agrees to effectuate the naming of the district as an additional insured on the permittee's insurance policies.
- II. The policy naming the district as an additional insured shall:
- Be an insurance policy from an A.M. Best rated "secure" or better insurer, licensed in New York State.
 - State that the organization's coverage shall be primary and non-contributory coverage for the district it's Board, employees and volunteers.
 - The district shall be listed as an additional insured by using endorsement CG 2026 or equivalent. A completed copy of the endorsement must be attached to the certificate of insurance.
 - At the District's request, the organization shall provide a copy of the declaration page of the liability and umbrella policies with a list of endorsements and forms. If so requested, the organization will provide a copy of the policy endorsements and forms.
- III. The permittee agrees to indemnify the district for any applicable deductibles and self-insured retentions.
- IV. The insurance producer must indicate whether or not they are an agent for the companies providing the coverage.
- V. Required Insurance:
- **Commercial General Liability Insurance**
\$1,000,000 per occurrence/ \$2,000,000 aggregate, with coverage for athletic participants.
- VI. Permittee acknowledges that failure to obtain such insurance on behalf of the district constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the district. The permittee is to provide the district with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of work or use of facilities.
- VII. The district is a member/owner of the NY Schools Insurance Reciprocal (NYSIR). The user further acknowledges that the procurement of such insurance as required herein is intended to benefit not only the district but also the NYSIR, as the district's insurer.

October 6, 2014

* SAMPLE *



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER [REDACTED] [REDACTED] [REDACTED]	CONTACT NAME: [REDACTED] PHONE (A/C, No, Ext): [REDACTED] FAX (A/C, No): [REDACTED] E-MAIL ADDRESS: [REDACTED]	
	INSURER(S) AFFORDING COVERAGE	
INSURED [REDACTED] [REDACTED] [REDACTED]	INSURER A: [REDACTED]	NAIC # [REDACTED]
	INSURER B: [REDACTED]	
	INSURER C: [REDACTED]	
	INSURER D: [REDACTED]	
	INSURER E: [REDACTED]	
	INSURER F: [REDACTED]	

COVERAGES

CERTIFICATE NUMBER: CL15122974506

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		[REDACTED]	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
		MED EXP (Any one person) \$ 10,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 5,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY		N/A			COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB		N/A			EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A			PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
			N/A			E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Webutuck Central School District is named as additional insured for use of the premises by the [REDACTED] meetings and activities throughout the [REDACTED] year per form CG2026 on file with carrier. Primary and non-contributory wording on General Liability Policy is included subject to policy terms and conditions to the extent required by contract.

CERTIFICATE HOLDER

Webutuck Central School District
194 Haight Road
Amenia, NY 12501

CAN

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AUTH

Required
Certificates of
Insurance for
Building Use Form

BEFORE
RED IN

reserved.

*** SAMPLE ***

POLICY NUMBER: [REDACTED]

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
THOSE DESIGNATED PERSONS OR ORGANIZATIONS ON FILE WITH US UNLESS SPECIFICALLY DECLINED.
Webutuck Central School District 194 Haight Road Amenia, NY 12501
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or

omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.