

FACILITY/PROPERTY/EQUIPMENT USE and INDEMNIFICATION AGREEMENT 2025-2026 School Year

PLEASE READ BEFORE COMPLETING THIS APPLICATION

- There is to be **NO SMOKING** on school property.
- There is to be **NO FOOD** allowed except in specified areas.
- There is to be **NO ALCOHOLIC BEVERAGES** on school district property.
- There is to be **NO PETS** on school property unless they are a trained dog guide or service animal.
- If using a school ball field **USER** agrees to pick up and dispose of all trash and litter upon leaving the field. The school dumpsters are not available for such disposition.
- Rest rooms will not be made available at any school field.
- Users are **RESPONSIBLE** to the Board of Directors for supervision, use and care of school property, and that the character and nature of the activity will comply with School Board regulations.
- The school district reserves the right to require a fee for use of any facility.

Name/Organization Making Request: _____

Nature and Purpose of Activity: _____

Contact Name: _____

Mailing Address: _____ City/State/Zip: _____

Contact Daytime Phone: _____ Contact Email Address: _____

Specific School Requested: _____

Classroom Library Gymnasium Cafeteria Kitchen Field Track Parking Lot

Chairs – how many? _____ Tables – how many? _____

Date(s) to be used: _____ Day of the week: _____

For weekly series: Mon Tues Wed Thurs Fri Sat Sun

Time Needed: From _____ To _____ Event Hours: From _____ To _____

Will Admission be charged? Yes No

Will custodian services be needed? Yes No *(Custodial services are restricted to unlocking and locking doors, operating lights, providing heat and performing routine cleanup.)*

PLEASE SEE REVERSE FOR INSURANCE REQUIREMENT

SPORTING ACTIVITIES W/YOUTHS

COMPLIANCE STATEMENT for HB-1824 (Youth Sports-Head Injury Policy) and SB-5083 (Sudden Cardiac Arrest Awareness)

The Below representative verifies all coaches, athletes and their parent/guardian have complied with mandated policies for management of concussion and head injuries and sudden cardiac arrest as prescribed by HB-1824 section 2 and SB-5083 section 3.

Signed: _____

Date: _____

INSURANCE REQUIREMENT

User shall procure and maintain throughout the Agreement term or as long as users remains in possession of the Facility, a broad form comprehensive general liability policy of insurance covering bodily injury and property damage, with respect to the use and occupancy of the Facility and liability limits of not less than \$1,000,000 per occurrence. North Beach School District shall be named as additional insured on all such policies, which policies shall in addition provide that they may not be canceled or modified for any reason without fifteen (15) days prior written notice to the school district. User shall provide to the North Beach School District a Certificate of Insurance with this Agreement.

RETURN OF PROPERTY CLAUSE

Property used shall be returned in as good a condition as when you took possession, reasonable wear and tear due to reasonable use and occupancy in conformance with the provisions of this Agreement excepted.

INDEMNIFICATION AND HOLD HARMELESS CLAUSE

The user agrees to indemnify and hold harmless North Beach School District No. 64 and its appointed and elected officials and employees while acting within the scope of their duties and such, from and against any and all claims, demands, causes of actions, suits or judgments arising out of or in any way connected with the user's use of the school facility specified in this agreement.

I have read and acknowledge the Insurance Requirement; Return of Property Clause; and Indemnification and Hold Harmless Clause.

User Signature

Date

TO BE COMPLETED BY SCHOOL DISTRICT

Insurance Certificate Required: Yes No

Custodian Needed: Yes, who will cover the event? _____
 No

Fee for Use: \$ _____

Special Conditions: _____

Confirmed with Building Administrator: Yes No

Building Administrator's Signature

Date

Application Approved: Yes No, reason for denial: _____

Superintendent's Signature

Date