



## NYSIR FACILITY USE SUPPLEMENT YOUTH SPORTS GROUPS – AED SUPPLEMENT

For youth sports groups using District/BOCES outdoor event space or fields where there are no generally provided outdoor AEDs, \_\_\_\_\_ 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.
- \_\_\_\_\_ shall provide its own AED.
- AED Implementation Plan with the pertinent County Department of Health; **AND**
- Will require at least one person associated with \_\_\_\_\_ (e.g., coaches and volunteers) trained and certified in the use of AEDs to be on-site and present during any \_\_\_\_\_ activity taking place at or on District/BOCES property.

\_\_\_\_\_ covenants and agrees to defend, indemnify and hold harmless the **SEAFORD UNION FREE SCHOOL DISTRICT** 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 **SEAFORD UNION FREE SCHOOL DISTRICT** property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, spectator, contractor or subcontractor of \_\_\_\_\_.

\_\_\_\_\_ understands and agrees that its use of **SEAFORD UNION FREE SCHOOL DISTRICT** 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”). \_\_\_\_\_ 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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