Application for Use of School Facilities by Outside Groups or Organizations

Croton-Harmon Union Free School District
10 Gerstein Street, Croton-on-Hudson, NY 10520

Name of Group or Organization . . . . . .

Address . . . . . .

. . . . . .

Name of Representative Submitting Application . . . . . .

Contact Telephone Number . . . . . E-Mail Address . . . . . .

Is the applicant a non-profit group or organization? ☐ Yes ☐ No (Certification or documentation of non-profit status may be required.)

Date(s) applicant seeks to use District facilities: . . . . . .

Times applicant seeks to use District facilities (including set-up and clean up): Start _____ AM / PM End _____ AM / PM

Location of facilities desired: ☐ CET ☐ PVC ☐ CHHS

Facilities requested (be specific: identify specific field, gymnasium, number of classrooms, cafeteria, etc.): . . . . . .

. . . . . .

Nature of activity to be conducted: . . . . . .

District equipment and/or supplies to be used: . . . . . .

Who will be operating District equipment? . . . . . .

Applicant's on-site representative during activity: . . . . . .

Telephone Number . . . . . E-Mail Address . . . . . .

Number of participants (estimated) Adults _____ Children _____

Number of District residents participating (est.) Adults _____ Children _____

If applicant plans to charge a fee for participation in a program, class, athletic activity or similar use of District facilities, state the amount of the fee (provide member and non-member fees, if different) . . . . . .

If applicant plans to charge admission to or solicit donations during attendance at a program or event, state the amount of the admission fee or the suggested donation (provide member and non-member fees, if different) . . . . . .

. . . . . .

Will food or drinks be served or sold at the activity? ☐ Yes ☐ No If yes, describe what food and/or drinks will be served or sold, and where and how applicant intends to sell food and/or drinks . . . . . .

. . . . . .

Does applicant have Certificate of Insurance in the amount of $1,000,000 per occurrence/$2,000,000 aggregate, naming the Croton-Harmon Union Free School District as an additional insured? ☐ Yes ☐ No

In the case of inclement weather, school closings will be announced on www.chufsd.org and ParentSquare platforms.

The above named organization accepts full responsibility for the facilities, equipment and supplies of the District that it has been granted permission to use, and agrees to abide by all rules and regulations of the District, including but not limited to those on the attached information sheet. In accordance with its policies, the District reserved the right to rescind or modify its approval of this application if the applicant fails to abide by the rules and regulations of the District, or if the facilities are required for District use.

The applicant agrees that it will pay all fees (including custodial fees) required by the District, in advance. The applicant also agrees that it will pay for the repair or replacement of any damaged property of the District when such damage occurs during the use of the facilities by the applicant. Further, the applicant agrees to hold harmless the District, the Board of Education and its employees from any act of negligence resulting from the use of the District's facilities.

Unless this requirement is waived by the District, in its sole discretion, the applicant must furnish to the District a Certificate of Insurance naming the Croton-Harmon Union Free School District as an additional insured. This insurance shall be general liability and excess liability insurance at a coverage rate of at least $1,000,000 per occurrence/$2,000,000 aggregate. Auto liability and workers' compensation insurance will be required when applicable. **Final approval of this application will not be granted until the District is provided with the Certificate of Insurance.**

_____ DATE _____ DATE
APPLICANT'S SIGNATURE SCHOOL REPRESENTATIVE APPROVAL

_____ DATE
SUPERINTENDENT OF SCHOOLS APPROVAL FEE AMOUNT (INCLUDES CUSTODIAL FEES IF APPLICABLE

COMMENTS: . . . . . .

. . . . . .