RECEIVED
JAN 30 2026
ASST SUPT. FOR SUPPORT SERVICES

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

**Request must be submitted 30 days prior to the 3rd Thursday of the following month.**

I. Name of Organization UC Takeoff

Date of Request 1/23/26

Person Making Request Vincent Moscatello

Are you a Wallkill Central School District Resident? ✓ Yes ____ No

Staff Member in Charge (If Applicable, See Attached Form) ____

Daytime Telephone Number 845-542-0712

Address 23 Sofia Ct, Wallkill, NY 12589

Building/Facilities Requested Ostrander

Description of Activity Basketball

Are the Majority of the Participants Wallkill Central School District Residents?
✓ Yes ____ No

Will Admission, Fees be Charged or Donations Accepted? ____ Yes ✓ No

If Yes, Specify Community Benefit ____

Date(s) March 3, 2026 thru June ~~25th~~ 16th 26 Time(s) 7:00 - 9:00 pm Tuesdays + Thursdays

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

✓ Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

____ No

If yes, what are the limits of liability? 1,000,000 per occurrence / $2,000,000 aggerate

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

R. All school related functions will have priority for use of the building.

S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Signature of Representative of Requesting Organization

1/23/25
Date

FOR BUILDING USE ONLY

_____Director of Operational Services Contacted

_____Building Custodian Contacted

_____Director of School Lunch Program Contacted

_____Athletic Director Contacted

_____Sent to District Office for Board Approval

_____Other (Please Specify)_____

Approved:_____ Date 1/29/2026
(Building Principal's Signature)

Disapproved:_____ Date_____
(Building Principal's Signature)

**********

FOR DISTRICT OFFICE USE ONLY

Approved:_____ Date 2/2/2026
(Assistant Superintendent for Support Services)

Disapproved:_____ Date_____
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____Assistant Superintendent for Educational Services

_____Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/12/2025

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 have ADDITIONAL INSURED provisions or 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 | CONTACT NAME: MM - Amateur Sports - Teams, Leagues and Associations |
|---|---|
| K&K Insurance Group, Inc.<br>P.O. Box 2338<br>Fort Wayne, IN 46801-2338 | PHONE (A/C, No, Ext): 1-800-426-2889 FAX (A/C, No): 1-260-459-5105<br>E-MAIL ADDRESS: info@sportsinsurance-kk.com<br>PRODUCER CUSTOMER ID: |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| UC Takeoff<br>23 Sofia Ct<br>Wallkill, NY 12589<br>A Member of the Sports, Leisure & Entertainment RPG | INSURER A: AIG Specialty Insurance Company | 26883 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

**COVERAGES** **CERTIFICATE NUMBER:** U00142006 **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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | X | | 9YAPG0001334486101 | 09/12/2025 11:16 AM EDT | 09/12/2026 12:01 AM | EACH OCCURRENCE | $1,000,000 |
| | [ ] CLAIMS-MADE [X] OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea Occurrence) | $1,000,000 |
| | | | | | | | MED EXP (Any one person) | $5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $5,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS – COMP/OP AGG | $1,000,000 |
| | [ ] POLICY [ ] PRO-JECT [ ] LOC | | | | | | PROFESSIONAL LIABILITY | $1,000,000 |
| | [ ] OTHER: | | | | | | Legal Liability to Participants | $1,000,000 |
| A | AUTOMOBILE LIABILITY | | | 9YAPG0001334486101 | 09/12/2025 11:16 AM EDT | 09/12/2026 12:01 AM | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | [ ] ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| | [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | [ ] NOT PROVIDED WHILE IN HAWAII | | | | | | | |
| | [ ] UMBRELLA LIAB [ ] OCCUR | | | | | | EACH OCCURRENCE | |
| | [ ] EXCESS LIAB [ ] CLAIMS-MADE | | | | | | AGGREGATE | |
| | [ ] DED [ ] RETENTION | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | | | | | [ ] PER STATUTE [ ] OTHER | |
| | 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 | |
| | | | | | | | E.L. DISEASE – POLICY LIMIT | |
| A | MEDICAL PAYMENTS FOR PARTICIPANTS | | | 9YAPG0001334486101 | 09/12/2025 11:16 AM EDT | 09/12/2026 12:01 AM | PRIMARY MEDICAL | |
| | | | | | | | EXCESS MEDICAL | $25,000 |

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

Sport(s): Basketball Age(s): 13-15, 16-19

The Certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| Wallkill Central School District<br>1500 Route 208<br>Wallkill, NY 12589<br>Owner/Manager/Lessor of Premises | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br>Scott Turbert |

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas



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RECEIVED
JAN 23 2026
ASST SUPT. FOR SUPPORT SERVICES

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

**Request must be submitted 30 days prior to the 3rd Thursday of the following month.**

I. Name of Organization Special Olympics

Date of Request January 15, 2026

Person Making Request Clara Haecker

Are you a Wallkill Central School District Resident? X Yes _____ No

Staff Member in Charge (If Applicable, See Attached Form)_____

Daytime Telephone Number 845-883-5102 845-728-3124 (cell)

Address 45 Meadow Lane, Modena, NY 12548

Building/Facilities Requested Plattekill Elementary School Gym + Cafeteria

Description of Activity Special Olympics Practice

Are the Majority of the Participants Wallkill Central School District Residents?
X Yes _____ No

Will Admission, Fees be Charged or Donations Accepted? _____ Yes X No

If Yes, Specify Community Benefit_____

Date(s) ~~Mar 4, 11, 18, 25~~ - cafeteria Time(s) 6p - 7:30p
April 7, 9, 13, 14, 21, 22, 23 (please see attached list of dates)

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

X Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

_____ No

If yes, what are the limits of liability?_____

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

R. All school related functions will have priority for use of the building.

S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Clara Haecker
Signature of Representative of Requesting Organization

1/14/26
Date

FOR BUILDING USE ONLY

_____Director of Operational Services Contacted.

_____Building Custodian Contacted

_____Director of School Lunch Program Contacted

_____Athletic Director Contacted

_____Sent to District Office for Board Approval

_____Other (Please Specify)_____

Approved: Nicole Pareto - Date 1/21/26
(Building Principal's Signature)

Disapproved:_____ Date_____
(Building Principal's Signature)

**********

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 1/27/2026
(Assistant Superintendent for Support Services)

Disapproved:_____ Date_____
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____Assistant Superintendent for Educational Services

_____Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

| Special Olympics Building Use Dates 6:00 - 7:30 p.m. | |
|---|---|
| **Date** | **Location** |
| 3/25/2026 | Cafeteria |
| 4/7/2026 | Gymnasium |
| 4/9/2026 | Gymnasium |
| 4/13/2026 | Gymnasium |
| 4/14/2026 | Gymnasium |
| 4/21/2026 | Gymnasium |
| 4/22/2026 | Gymnasium |
| 4/23/2026 | Gymnasium |

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/16/2025

**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 have ADDITIONAL INSURED provisions or 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 | CONTACT NAME: | |
|---|---|---|
| American Specialty Insurance & Risk Services, Inc.<br>dba A S Insurance & Risk Services Agency<br>7609 W. Jefferson Blvd., Suite 100<br>Fort Wayne IN 46804 | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A : | Philadelphia Indemnity Insurance Company | 18058 |
| INSURER B : | | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

**INSURED**
Special Olympics, Inc.
2600 Virginia Avenue NW
Floors 10 & 11
Washington DC 20037

**COVERAGES** **CERTIFICATE NUMBER:** 1002430386 **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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | [X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[ ] POLICY [ ] PRO-JECT [ ] LOC<br>[X] OTHER: OTHER | Y | | PHPK2638240-020 | 12/31/2025 | 12/31/2026 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ Excluded |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 5,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ 1,000,000 |
| | | | | | | | | $ |
| A | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | | | PHPK2638240-020 | 12/31/2025 | 12/31/2026 | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | NON-OWNED/HIRED AUTO | $ 1,000,000 |
| A | [X] UMBRELLA LIAB [X] OCCUR<br>EXCESS LIAB [ ] CLAIMS-MADE<br>DED [X] RETENTION $ 10,000 | | | PHUB894526-020 | 12/31/2025 | 12/31/2026 | EACH OCCURRENCE | $ 5,000,000 |
| | | | | | | | AGGREGATE | $ 5,000,000 |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | [ ] PER STATUTE [ ] OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| | | | | | | | | |

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

- Coverage applies to the following: SPECIAL OLYMPICS NEW YORK, HUDSON VALLEY REGION, 1207 ROUTE 9, SUITE 1C, WAPPINGERS FALLS, NY 12590.

- Named Insured (cont'd): All Special Olympics Accredited U.S. Programs

**CERTIFICATE HOLDER**

Wallkill CSD Wallkill District Office

PO Box 310
19 Main Street
Wallkill NY 12589

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**

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WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

**Request must be submitted 30 days prior to the 3rd Thursday of the following month.**

I. Name of Organization WAYS Wallkill area youth soccer

RECEIVED
JAN 21 2026
ASST SUPT. FOR SUPPORT SERVICES

Date of Request 1/19/26

Person Making Request Kelly Wood

Are you a Wallkill Central School District Resident? __x__ Yes _____ No

Staff Member in Charge (If Applicable, See Attached Form) _____

Daytime Telephone Number 845-494-5476

Address po box 314 Wallkill NY 12589

Building/Facilities Requested Middle school sports fields 2nd st and viola

Description of Activity Youth soccer league ages 4-14

Are the Majority of the Participants Wallkill Central School District Residents?
__x__ Yes _____ No

Will Admission, Fees be Charged or Donations Accepted? _____ Yes __x__ No

If Yes, Specify Community Benefit _____

Date(s) Apr 1- Jun 13 26 M-F 5:00, 7:00, Sat 8:00-1:00 Time(s) 8am-1pm

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

__x__ Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

_____ No

If yes, what are the limits of liability? 2 Million

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Organizations using District facilities will be required to follow all safety and health protocols required by state and local guidance, as well as the District's Reopening Plan.

B. Board of Education approval is necessary for all athletic related and profit-making activities.

C. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

D. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

E. Police protection must be arranged for any event when it is deemed necessary by the school administration.

F. Functions shall be non-exclusive and open to the general public.

G. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

H. No smoking is allowed on school property.

I. No one is allowed in areas other than those authorized.

J. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

K. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

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M. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

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O. Vehicles are permitted in authorized parking areas only.

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V. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

W. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

X. The District may waive or modify any of the rules for use of school facilities.

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Kelly R Wood — 1/19/26

Signature of Representative of Requesting Organization — Date

FOR BUILDING USE ONLY

_____________Director of Operational Services Contacted

_____________Building Custodian Contacted

_____________Director of School Lunch Program Contacted

_____________Athletic Director Contacted

_____________Sent to District Office for Board Approval

_____________Other (Please Specify)_______________________________________

Approved:_______[signature]_______________________ Date 1/20/26

(Building Principal's Signature)

Disapproved:______________________________________ Date______________

(Building Principal's Signature)

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

FOR DISTRICT OFFICE USE ONLY

Approved:_______[signature]_______________________ Date 1/21/2026

(Assistant Superintendent for Support Services)

Disapproved:______________________________________ Date______________

(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____________Assistant Superintendent for Educational Services

_____________Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/20/2025

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<br>Marshall & Sterling, Inc<br>110 MAIN ST<br>POUGHKEEPSIE, NY 12601-6707 | CONTACT NAME:<br>PHONE (A/C, No, Ext): 845-454-0200 FAX (A/C, No): 516-931-4426<br>E-MAIL ADDRESS: hcarr@marshallsterling.com; financedb@marshallsterling.com; kgarafalo@marshallsterling.com; lreinmiller@marshallsterling.com; po |
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:<br>Wallkill Area Youth Soccer, Inc<br>PO Box 268<br>Wallkill, NY 12589 | INSURER(S) AFFORDING COVERAGE / NAIC #<br>INSURER A : Great American Insurance Company 16691<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

COVERAGES CERTIFICATE NUMBER: GAP147731 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY<br>[X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>[X] INCLUDES ATHLETIC PARTICIPANTS<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC | X | | PAC 4725038 | 08/29/2025 12:00 AM | 08/29/2026 12:01 AM | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $1,000,000<br>$300,000<br>$0<br>$1,000,000<br>$2,000,000<br>$2,000,000 |
| | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS<br>[ ] HIRED AUTO [ ] NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | |
| | [ ] UMBRELLA LIAB [ ] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | |
| A | Professional Liability | X | | PAC 4725038 | 08/29/2025 12:00 AM | 08/29/2026 12:01 AM | EACH OCCURRENCE<br>AGGREGATE LIMIT | $1,000,000<br>$1,000,000 |
| A | Abuse and Molestation | X | | PAC 4725038 | 08/29/2025 12:00 AM | 08/29/2026 12:01 AM | EACH OCCURRENCE<br>GENERAL AGGREGATE | $100,000<br>$300,000 |
| A | Accident/Medical Coverage | | | BSR-F345591-00 | 08/29/2025 12:00 AM | 08/28/2026 11:59 PM | AD&D<br>MAXIMUM MEDICAL<br>DEDUCTIBLE | $10,000<br>$25,000<br>$250 |

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

Youth Sport Leagues - Soccer

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period. Primary & Non-Contributory coverage applies.

**Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage**

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| Wallkill Central School District<br>1500 Rt 208<br>Wallkill, NY 12589 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |



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| | |
|---|---|
| | AUTHORIZED REPRESENTATIVE<br>Marshall & Sterling, Inc |


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The ACORD name and logo are registered marks of ACORD

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

Policy Number: PAC 4725038 / GAP147731
Insured: Wallkill Area Youth Soccer, Inc

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

| Name Of Additional Insured Person(s) Or Organization(s) |
|---|
| Wallkill Central School District<br>1500 Rt 208<br>Wallkill, NY 12589 |
| 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 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 of 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.

To the extent that any of the additional insureds named herein are liable for occurrences arising out of the named insured's negligent acts or omissions, the insurance afforded to the additional insureds under this endorsement is primary insurance over any other valid or collectible insurance which the additional insureds may have with respect to loss under any of the listed policies. Other insurance of any additional insured applicable to loss is non-contributory and excess over the coverage provided by this endorsement, and the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

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RECEIVED
JAN 30 2026
ASST SUPT. FOR SUPPORT SERVICES

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

**Request must be submitted 30 days prior to the 3rd Thursday of the following month.**

I. Name of Organization Girls on the Run Hudson Valley

Date of Request 1/21/24

Person Making Request Lureth Djurasevic

Are you a Wallkill Central School District Resident? ☐ Yes ☑ No

Staff Member in Charge (If Applicable, See Attached Form) Coaches: Cristen Sasaki + Jennifer Scarano

Daytime Telephone Number 646-373-3613

Address 3141 Rt. 9W ste 500 New Windsor, NY 12553

Building/Facilities Requested Distrander Elementary School field + Gym

Description of Activity Youth Development Program (lesson + Running)

Are the Majority of the Participants Wallkill Central School District Residents?
☑ Yes ☐ No

Will Admission, Fees be Charged or Donations Accepted? ☑ Yes ☐ No Program Fee

If Yes, Specify Community Benefit

Date(s) Wednesday + Friday Time(s) 3:30 - 5pm

II. INSURANCE INFORMATION 4/8/26 - 6/5/26

RECEIVED
FEB - 2 2026
ASST SUPT. FOR SUPPORT SERVICES

Do you (the requesting organization) have an in-force public liability policy?

☑ Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

☐ No

If yes, what are the limits of liability?

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

R. All school related functions will have priority for use of the building.

S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Signature of Representative of Requesting Organization

1/21/26
Date

FOR BUILDING USE ONLY

_____Director of Operational Services Contacted

_____Building Custodian Contacted

_____Director of School Lunch Program Contacted

_____Athletic Director Contacted

_____Sent to District Office for Board Approval

_____Other (Please Specify)_____

Approved: Anita Hayt Date 1/27/2026
(Building Principal's Signature)

Disapproved:_____ Date_____
(Building Principal's Signature)

**********

FOR DISTRICT OFFICE USE ONLY

Approved: E. D. Date 2/11/2026
(Assistant Superintendent for Support Services)

Disapproved:_____ Date_____
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____Assistant Superintendent for Educational Services

_____Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

**Request must be submitted 30 days prior to the 3rd Thursday of the following month.**

RECEIVED
FEB - 3 2026
ASST SUPT. FOR SUPPORT SERVICES

I. Name of Organization GIRLS ON THE RUN HUDSON VALLEY

Date of Request MON. FEB. 2, 2026

Person Making Request ERIN SANTORELLY

Are you a Wallkill Central School District Resident? X Yes _____No

Staff Member in Charge (If Applicable, See Attached Form) ERIN SANTORELLY

Daytime Telephone Number 845-895-7250 X5600 CELL 845-417-4456

Address 28 COUNTRY POND LANE MODENA NY 12548

Building/Facilities Requested PLATTEKILL ELEMENTARY

Description of Activity RUNNING CLUB WITH SOCIAL/EMOTIONAL CURRICULUM

Are the Majority of the Participants Wallkill Central School District Residents?
(Yes) _____No

Will Admission, Fees be Charged or Donations Accepted? (Yes) _____No

If Yes, Specify Community Benefit PROGRAM BENEFITS THE PHYSICAL, SOCIAL + EMOTIONAL HEALTH OF GIRLS GR. 3-6

Date(s) Mondays + Wednesdays Time(s) 3:30-5:00

M: 4/13, 4/20, 4/27, 5/4, 5/11, 5/18, 6/1
W: 4/8, 4/15, 4/22, 4/29, 5/6, 5/13, 5/20, 5/27, 6/3

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

X Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

_____No

If yes, what are the limits of liability?_____

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

R. All school related functions will have priority for use of the building.

S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

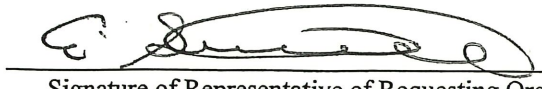
U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.



Signature of Representative of Requesting Organization

1-8-26

Date

FOR BUILDING USE ONLY

_____Director of Operational Services Contacted

_____Building Custodian Contacted

_____Director of School Lunch Program Contacted

_____Athletic Director Contacted

_____Sent to District Office for Board Approval

_____Other (Please Specify)_____

Approved: Nicole Tanito Date 2/2/20
(Building Principal's Signature)

Disapproved:_____Date_____
(Building Principal's Signature)

**********

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 2/11/2020
(Assistant Superintendent for Support Services)

Disapproved:_____Date_____
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____Assistant Superintendent for Educational Services

_____Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/21/2026

**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 have ADDITIONAL INSURED provisions or 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 | CONTACT NAME: Sharon Holland |
|---|---|
| Palmer & Cay LLC<br>6525 Carnegie Boulevard<br>Suite 430<br>Charlotte NC 28211 | PHONE (A/C, No, Ext): 704-951-5160 FAX (A/C, No):<br>E-MAIL ADDRESS: Sharon.holland@palmerandcay.com |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| Girls on the Run Hudson Valley<br>3141 Rt 9W Suite 500<br>New Windsor NY 12553 GIRLONT-95 | INSURER A : Philadelphia Insurance Companies | 18058 |
| | INSURER B : Philadelphia Indemnity Insurance Company | 18058 |
| | INSURER C : Tokio Marine Specialty Insurance Co | 23850 |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** 66678158 **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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>☐ CLAIMS-MADE ☒ OCCUR<br>X Abuse/Molest<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>☐ POLICY ☐ PRO-JECT ☒ LOC<br>☐ OTHER: | Y | Y | PHPK2647396 | 2/1/2025 | 7/1/2026 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 1,000,000<br>$ 1,000,000<br>$ 20,000<br>$ 1,000,000<br>$ 3,000,000<br>$ 3,000,000<br>$ |
| A | AUTOMOBILE LIABILITY<br>☐ ANY AUTO<br>☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS<br>X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | N | N | PHPK2647396 | 2/1/2025 | 7/1/2026 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ 1,000,000<br>$<br>$<br>$<br>$ |
| B | X UMBRELLA LIAB X OCCUR<br>☐ EXCESS LIAB ☐ CLAIMS-MADE<br>☐ DED X RETENTION $ 10,000 | | | PHUB897838 | 2/1/2025 | 7/1/2026 | EACH OCCURRENCE<br>AGGREGATE<br>$ | $ 10,000,000<br>$ 10,000,000<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | ☐ PER STATUTE ☐ OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$<br>$<br>$ |
| A<br>C | SEXUAL ABUSE AND MOLESTATION<br>D&O | | | PHPK2647396<br>PSD1878672 | 2/1/2025<br>2/1/2025 | 7/1/2026<br>7/1/2026 | SA&M: Each Occurrence<br>SA&M: Aggregate<br>D&O: $1M Aggregate | $1,000,000<br>$3,000,000<br>Retention: $1,000 |

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

Certificate holder is additional insured as respects to general liability for the operations of the insured when required by written contract.

**CERTIFICATE HOLDER**

Wallkill Central School District
19 Main St.
Wallkill NY 12589

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**

Sharon Holland

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WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED
JAN 29 2026
ASST SUPT. FOR SUPPORT SERVICES

**Request must be submitted 30 days prior to the 3rd Thursday of the following month.**

I. Name of Organization Varsity Volleyball Team

Date of Request 1/23/26

Person Making Request Julie Michella

Are you a Wallkill Central School District Resident? ____Yes ✓No

Staff Member in Charge (If Applicable, See Attached Form) Julie Michella

Daytime Telephone Number 845-699-6644

Address 265 South Ohioville Rd. New Paltz, NY 12561

Building/Facilities Requested High School GYMNASIUM

Description of Activity Elementary/Middle School Volleyball Clinics + Open Gym

Are the Majority of the Participants Wallkill Central School District Residents?
✓Yes ____No

Will Admission, Fees be Charged or Donations Accepted? ✓Yes ____No

If Yes, Specify Community Benefit Fundraiser for Volleyball Program

Date(s) Wednesdays 4/8, 4/15, 4/22, 4/29, 5/6, 5/13, 5/20, 5/27, 6/3, 6/10 Time(s) 5:00 - 8:30 pm

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

____Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**
✓No

If yes, what are the limits of liability?____

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Organizations using District facilities will be required to follow all safety and health protocols required by state and local guidance, as well as the District's Reopening Plan.

B. Board of Education approval is necessary for all athletic related and profit-making activities.

C. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

D. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

E. Police protection must be arranged for any event when it is deemed necessary by the school administration.

F. Functions shall be non-exclusive and open to the general public.

G. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

H. No smoking is allowed on school property.

I. No one is allowed in areas other than those authorized.

J. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

K. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

L. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

M. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

N. When use of gyms is authorized for recreational purposes, sneakers must be worn.

O. Vehicles are permitted in authorized parking areas only.

P. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

Q. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

R. The approval for use of school facilities is revocable at any time without notice.

S. All school related functions will have priority for use of the building.

T. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

U. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

V. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

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X. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Julie Michello — 1/23/26

Signature of Representative of Requesting Organization — Date

FOR BUILDING USE ONLY

______________Director of Operational Services Contacted

KCW___________Building Custodian Contacted

______________Director of School Lunch Program Contacted

NH____________Athletic Director Contacted

______________Sent to District Office for Board Approval

______________Other (Please Specify)________________________________________

Approved:______________________________________________________Date 1/27/2026

(Building Principal's Signature)

Disapproved:___________________________________________________Date__________________

(Building Principal's Signature)

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

FOR DISTRICT OFFICE USE ONLY

Approved:______________________________________________________Date 1/28/2026

(Assistant Superintendent for Support Services)

Disapproved:___________________________________________________Date__________________

(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

______________Assistant Superintendent for Educational Services

NH____________Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

Revised 9/17/2020

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED
JAN 29 2026
ASST SUPT. FOR SUPPORT SERVICES

**Request must be submitted 30 days prior to the 3rd Thursday of the following month.**

I. Name of Organization Special Olympics

Date of Request January 15, 2026

Person Making Request Clara Haecker

Are you a Wallkill Central School District Resident? X Yes _____ No

Staff Member in Charge (If Applicable, See Attached Form) _____

Daytime Telephone Number 845-883-5102 845-728-3124 (cell)

Address 45 Meadow Lane, Modena, NY 12548

Building/Facilities Requested High School Track

Description of Activity Special Olympics Practice

Are the Majority of the Participants Wallkill Central School District Residents?
X Yes _____ No

Will Admission, Fees be Charged or Donations Accepted? _____ Yes X No

If Yes, Specify Community Benefit _____

Date(s) April 21, 22, 23 Time(s) 6p - 7:30p

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

X Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**

_____ No

If yes, what are the limits of liability? _____

III. RULES FOR USE OF SCHOOL FACILITIES **(Please note: WiFi access will not be provided.)**

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

R. All school related functions will have priority for use of the building.

S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Clara Haecker — Signature of Representative of Requesting Organization

1/14/26 — Date

FOR BUILDING USE ONLY

_____Director of Operational Services Contacted.

KCK Building Custodian Contacted

_____Director of School Lunch Program Contacted

NH Athletic Director Contacted

_____Sent to District Office for Board Approval

_____Other (Please Specify)_____

Approved: [signature] Date 1/21/26
(Building Principal's Signature)

Disapproved:_____ Date_____
(Building Principal's Signature)

**********

FOR DISTRICT OFFICE USE ONLY

Approved: [signature] Date 1/29/2026
(Assistant Superintendent for Support Services)

Disapproved:_____ Date_____
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____Assistant Superintendent for Educational Services

_____Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/16/2025

**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 have ADDITIONAL INSURED provisions or 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 | CONTACT NAME: | |
|---|---|---|
| American Specialty Insurance & Risk Services, Inc.<br>dba A S Insurance & Risk Services Agency<br>7609 W. Jefferson Blvd., Suite 100<br>Fort Wayne IN 46804 | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| Special Olympics, Inc.<br>2600 Virginia Avenue NW<br>Floors 10 & 11<br>Washington DC 20037 | INSURER A : Philadelphia Indemnity Insurance Company | 18058 |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** 1002430387 **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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | [X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[ ] POLICY [ ] PRO-JECT [ ] LOC<br>[X] OTHER: OTHER | Y | | PHPK2638240-020 | 12/31/2025 | 12/31/2026 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ Excluded |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 5,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ 1,000,000 |
| | | | | | | | | $ |
| A | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | | | PHPK2638240-020 | 12/31/2025 | 12/31/2026 | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | NON-OWNED/HIRED AUTO | $ 1,000,000 |
| A | [X] UMBRELLA LIAB [X] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [X] RETENTION $ 10,000 | | | PHUB894526-020 | 12/31/2025 | 12/31/2026 | EACH OCCURRENCE | $ 5,000,000 |
| | | | | | | | AGGREGATE | $ 5,000,000 |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | [ ] PER STATUTE [ ] OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| | | | | | | | | |

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

- Coverage applies to the following: SPECIAL OLYMPICS NEW YORK, HUDSON VALLEY REGION, 1207 ROUTE 9, SUITE 1C, WAPPINGERS FALLS, NY 12590.

- Named Insured (cont'd): All Special Olympics Accredited U.S. Programs

**CERTIFICATE HOLDER**

Wallkill Central School District

90 Robinson Drive

Wallkill NY 12589

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**

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AGENCY CUSTOMER ID: _____

LOC #: _____

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | | NAMED INSURED |
|---|---|---|
| American Specialty Insurance & Risk Services, Inc. | | Special Olympics, Inc.<br>2600 Virginia Avenue NW<br>Floors 10 & 11<br>Washington, DC 20037 |
| POLICY NUMBER<br>PHPK2638240-020 | | |
| CARRIER<br>Philadelphia Indemnity Insurance Company | NAIC CODE<br>18058 | EFFECTIVE DATE: 12/31/2025 |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE - Certificate #1002430387

- The Hired Auto Physical Damage limit contains a $1,000 collision deductible and a $100 other than collision deductible (for commercially rented vehicles only).
Nonowned and Hired Auto (NOHA) liability is excess of any valid and collectible insurance.
- Coverage for property you rent or occupy, property loaned to you and property in the care, custody, or control of the Insured, $100,000 limit subject to a $2,500 deductible per loss, excluding watercraft, aircraft, and autos.
- The Certificateholder is only an Additional Insured with respect to liability caused by the negligence of the Named Insured as per Form PI-AM-002-Additional Insured-Certificateholders, as respects to the SPECIAL OLYMPICS NEW YORK, HUDSON VALLEY REGION, SCHEDULED TRACK & FIELD TRAINING AT WALLKILL HIGH SCHOOL from January 02, 2026 through December 30, 2026.



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RECEIVED
FEB - 3 2026
ASST SUPT. FOR
SUPPORT SERVICES

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

**Request must be submitted 30 days prior to the 3rd Thursday of the following month.**

I. Name of Organization Wallkill Football

Date of Request 1/23

Person Making Request Joe Pilliteri

Are you a Wallkill Central School District Resident? _____Yes ___J___No

Staff Member in Charge (If Applicable, See Attached Form) Joe Pilliteri

Daytime Telephone Number 845-522-2463

Address 27 Scull Dr. Highland NY 12528

Building/Facilities Requested Turf

Description of Activity Youth Football camp

Are the Majority of the Participants Wallkill Central School District Residents?
___J___Yes _____No

Will Admission, Fees be Charged or Donations Accepted? ___J___Yes _____No

If Yes, Specify Community Benefit Tshirts / Food for campers

Date(s) 5/3, 5/17, 5/31, 6/7 Time(s) 3:00pm - 4:00pm

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

_____Yes **(If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)**
___J___No

If yes, what are the limits of liability?_____

III. RULES FOR USE OF SCHOOL FACILITIES

A. Board of Education approval is necessary for all athletic related and profit making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form

but no later than 10:30 P.M.

G. No smoking is allowed on school property.

H. No one is allowed in areas other than those authorized.

I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.

J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.

K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.

L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.

M. When use of gyms is authorized for recreational purposes, sneakers must be worn.

N. Vehicles are permitted in authorized parking areas only.

O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Item II).

P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.

Q. The approval for use of school facilities is revocable at any time without notice.

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S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.

T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.

U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.

V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.

W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Signature of Representative of Requesting Organization

1/23/2026
Date

FOR BUILDING USE ONLY

_____ Director of Operational Services Contacted

KCa Building Custodian Contacted

_____ Director of School Lunch Program Contacted

NH Athletic Director Contacted

_____ Sent to District Office for Board Approval

_____ Other (Please Specify)_____

Approved: [signature] Date 2/4/26
(Building Principal's Signature)

Disapproved:_____ Date_____
(Building Principal's Signature)

**********

FOR DISTRICT OFFICE USE ONLY

Approved: [signature] Date 2/4/2026
(Assistant Superintendent for Support Services)

Disapproved:_____ Date_____
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____ Assistant Superintendent for Educational Services

_____ Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director