

COMMUNITY USE OF SCHOOL FACILITIES APPLICATION FORM

This application must be approved before a non-school related group is allowed to use school facilities. School organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. Use of school facilities for school purposes has precedence over all other uses. The undersigned applicant makes application for the use of the District facility designated below. The applicant is responsible for enforcing Policy 700:20, its accompanying regulations, and the stipulations set forth in the CCSD 89 Facilities User Agreement, and for providing restitution for any damages that result from the use.

Date: _____

All non-school related groups must agree to:

- Indemnify and hold harmless the District and its agents and employees for and from any and all loss including attorneys' fees, damages, expenses, and liability arising out of its use of school property.
- Pay any damages to school facilities, furniture, or equipment arising out of its use of school property whether such damage was accidental or deliberate. The cost of the damages will be based on the repair or replacement cost, the choice of which is at the School Board's discretion.
- Supply proof of insurance naming CCSD89 as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss.

_____ Initial here if this is agreeable

All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an AED is used.

_____ Initial here if this is agreeable

All non-school related groups must agree to follow the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility. IMPORTANT: The District will not supervise the activity nor will it supply trained AED users to act as emergency responders at any time, including during staffed business hours.

_____ Activity being proposed is not a physical fitness facility.

_____ Initial here if this is agreeable

_____ Copy of the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility has been provided. **IMPORTANT:** State law encourages all non-District coaches, instructors, judges, referees, or other similarly situated non-District anticipated rescuers who use the physical fitness facility in conjunction with the supervision of physical fitness activities to complete a course of instruction that would qualify them as a trained AED user under Ill. Law (410 ILCS 4/10; 77 Ill. Admin. Code §527.100).

_____ Initial here that a copy of the Plan was received and that the Applicant has read and understands the above note.

User Information

Organization or User: _____

Address: _____

Lead Officer or the Organization: _____

Event Supervisor: _____

Address: _____

Daytime Phone: _____ Cell Phone: _____

Other Supervisors: _____ Phone: _____

_____ Phone: _____

Facility Request and Purpose

School: _____ Area Requested: _____

Nature and Purpose of Use: _____

Date Requested: First Choice _____ Second Choice _____

Hours Needed: From _____ To _____

Admission Charge _____ Attendance Estimate _____

Directions for Set-Up and Equipment Needed

Set-Up (Describe set-up including number of chairs, tables, etc.): _____

Special Equipment Needed: _____

Certificate of Liability and Indemnity Insurance Received: _____ By: _____

Expiration: _____