



FREWSBURG CENTRAL SCHOOL
26 INSTITUTE STREET
FREWSBURG, NEW YORK
Phone: (716) 569-7000

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Group _____ Date of Event _____

Contact Name, phone and/or email address: _____

Building _____ Room Requested _____ Time of Event From _____ To _____

Activity to be held-

Community groups shall indemnify and save the district harmless from any and all liability. Should any injury occur to a group member during the use of the school facility, the group agrees that Frewsburg Central School District cannot be held responsible.

Will there be an admission charge Yes No Amount _____

Proceeds, if any, will be used for:

I understand that our organization assumes responsibility for the proper care of the facility and equipment during use along with any damage and/or loss arising from the activity. I further understand that the cost of supervision and custodial or kitchen service beyond the normal school provisions will be borne by our organization. I also understand that if there is a breach of security to the building or if I lose my keys or loan them out, I forfeit my right and the right of my organization to use the facility for the remainder of the school year.

The District has an Emergency Management Plan in place. I understand that I am responsible for all participants to follow Emergency Management and Safety Policies and Procedures as written by the District. Failure to comply with all District emergency procedures may result in denial of future facility use.

Signature

Date

.....Office Use Only.....

Approved Yes No

Building Principal

Date

Superintendent

Date

.....

Please Complete Other Side if Technology Equipment or Custodial Items are Needed for Your Event

Any use of technology equipment MUST be pre-approved by the Director of Technology and Communications. Person in charge will make arrangements to meet with the Technology Department two weeks prior to event to learn how to properly use equipment. Person in charge is also responsible for returning the equipment in working order. Technology Department: (716) 569-7030.

Please Check Technology Item(s) Needed:

- Video Projector Cart (includes DVD player and speakers)
 Laptop
 Access to the Internet
 Microphone
 Projector
 Sound System in Auditorium
 Other – Please specify:

Please Check Custodial Item(s) Needed:

- Chairs Number Needed _____
 Tables Number Needed _____

Room Configuration:

Other Please Specify:

I agree to return equipment in the same condition it was when it was borrowed. I accept full responsibility for any damages to or loss of the equipment.

_____ Signature _____ Date

..... Technology Office Use Only

Approved Yes No

Comments

_____ Director of Technology and Communications _____ Date

Serial and FCS#	Description of Item	Wireless Access Code	Initial	Date Ret'd

INSURANCE REQUIREMENTS FOR FREWSBURG CENTRAL FACILITY USE

A **Certificate of Insurance** must be provided with Frewsburg Central School District as the Certificate Holder on the sponsoring group's liability policy, along with this signed form.

The group's name and activity shall be listed in the Description of Operations box.

Additional Insured: Coverage in Commercial General Liability, Automobile Liability, and Excess Liability and/or Umbrella Liability policies or coverage sections as indicated below shall be written or endorsed so as to apply to the following as additional insured on a primary and non-contributory basis: "Frewsburg Central School District and its employees, interim administrators, authorized volunteers and committee members, student teachers, auxiliary instructors and members of the Board of Education." The Certificate must reference the policy form(s) being used to achieve this coverage.

Certificate of Insurance must have the required insurance coverage listed below with carriers with an A.M. Best rating of A- or higher and licensed as "admitted" carriers by NYS Insurance Department. Limits applicable shall be the greater of those indicated below or the amounts carried by the organization requesting us of District facilities:

- a) Occurrence based **Commercial General Liability** coverage to include bodily injury, personal injury and property damage liability.

General Aggregate	\$2,000,000
Products & Comp/Ops. Aggregate	\$1,000,000
Personal & Adv. Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage (any one fire)	\$50,000
Medical Expense	\$5,000
- b) **Umbrella or Excess Liability**

Per Occurrence	\$1,000,000
Aggregate	\$1,000,000
- c) **Sexual Misconduct (Molestation or Abuse) Liability**

Each Occurrence	\$1,000,000
Aggregate	\$2,000,000

A Certificate of Insurance or other documentation as noted must be provided if the box is checked.

- d) Workers' Compensation — evidence must be presented on form C-105.2 or U.26.3
- e) New York Disability Benefits — evidence must be presented on form DB-120.1
- f) Automobile Liability insurance covering all owned, hired, and "non-owned" vehicles with a minimum Combined Single Limit of \$1,000,000.

Name of Group	Signature — Requesting Officer	Date