

TICONDEROGA CENTRAL SCHOOL DISTRICT

5 CALKINS PLACE
TICONDEROGA, NY 12883

APPLICATION FOR USE OF FACILITIES

PERMISSION MUST BE SECURED BEFORE ANY DEFINITE ANNOUNCEMENT IS MADE CONCERNING PROPOSED USE. A CERTIFICATE OF INSURANCE PROVING LIABILITY COVERAGE OF AT LEAST \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE, NAMING THE TICONDEROGA CENTRAL SCHOOL DISTRICT AS AN ADDITIONAL INSURED BY USING AN ENDORSMENT, IS REQUIRED (SEE ATTACHED INSURANCE AGREEMENT FOR LIABILITY INSURANCE REQUIREMENTS). CERTIFICATE OF LIABILITY INSURANCE MUST BE SUBMITTED WITH THIS REQUEST; NO USAGE WILL BE APPROVED WITHOUT LIABILITY INSURANCE. IT IS UNDERSTOOD, COVENANTED AND AGREED AS FOLLOWS:

1. The undersigned does covenant and agree to defend, indemnify and hold harmless the Ticonderoga Central 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 Ticonderoga Central School District property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, contractor or subcontractor of the undersigned. The undersigned understands and agrees that its use of the Ticonderoga Central 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"). The undersigned agrees that its indemnity and insurance obligations extend to the areas identified in the application and/or permit and any and all incidental areas.

2. The undersigned, hereby certify that he/she will be personally responsible on behalf of the organization/individual for any damages sustained by the school building, equipment, or ground accruing through the occupancy or use of the districts facilities by the organization/individual.

3. There will be no sale of tickets beyond the seating capacity of the requested facility.

4. The undersigned has familiarized himself/herself with the regulations of the Board of Education pertaining to the use of districts property and all of said regulations are agreed to and will be observed.

5. **Rental fee, if applicable, must be paid before the requested event.**

6. Permission now applied for, if granted, is revocable at any time by the Board of Education.

7. If the application is made in the name of the organization/individual, the undersigned below is authorized to do so and will be personally responsible for full compliance with the terms hereof and all payments hereunder.

Please note that we have students with LIFE-THREATENING FOOD ALLERGIES. If your event involves food of any sorts, it must be served and consumed in our CAFETERIA ONLY.

APPLICANT INFORMATION

School/Site Requested for Use:

Under no circumstances may an event take place until the Use of Facilities application has been approved

Requested Date(s) and Hours:

Day of Week:

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Purpose of Use:

If those in attendance are primarily students, at least eight (8) chaperones must be provided – Four (4) adult males and four (4) adult females. **Chaperones must adhere to the following rules:** 1. Supervise corridors and lavatories 2. Do not admit any students to the activity after 9:00 p.m. 3. Do not allow any student to return to the activity after he/she leaves the building. **Please note**, the organization/individual requesting use of the facilities shall be responsible for supervision of patrons for the entire activity. Young people may occasionally display a zealouslyness, which, if not controlled, could lead to an unfortunate mishap. The sponsoring activity accepts responsibility for complete supervision of its sponsoring activities.

Provide chaperones name:

Is equipment required: Yes No If yes, what type and for what purpose:

Is admission charged? Yes No If yes, what will the proceeds be used for:

Is a custodian required: Yes No

Is a Food Service Worker required: Yes No If yes, how long?

Organization/Individual:

Address:

Phone:

City:

State:

ZIP Code:

Applicant/Contact Person:

Title:

Email:

Signature:

Date:

DISTRICT OFFICE USE ONLY

Insurance on File, Custodian Needed From _____ to _____, Food Service Worker Needed From _____ to _____

Rental Fee Amount:

Rental Fee Paid

Signature of Principal:

Date:

Signature of Athletic Dir.:

Date:

Signature of Cafeteria Manager:

Date:

Signature of O & M Spvr.:

Date:

Approved by Supt. of Schools:

Date:

TICONDEROGA CENTRAL SCHOOL DISTRICT

5 CALKINS PLACE
TICONDEROGA, NY 12883

APPLICATION FOR USE OF FACILITIES

All persons conducting activities at any district building **MUST** do the following at the start of the activity:

1. Inform all attendees where the fire evacuation plan is located in the room they are in.
2. Explain an evacuation route for all participants that would be most orderly and efficient based on how or where people are seated in relation to exits.
3. Be sure to mention **ALL** exits and point out their locations – also remind people to be calm if there is an alarm or emergency.
4. Every time there is a new audience, this instruction must be followed.

The person who will give the above instructions will be: _____
Print Name

Name of Authorizing Agent: _____
Print Name

Signature of Authorizing Agent: _____
Signature Date

Please note that we have **STUDENTS WITH LIFE-THREATENING FOOD ALLERIES**. If your event involves food of any sort, **IT MUST ONLY BE SERVED AND CONSUMED IN OUR CAFETERIA**. Please sign this form below indication that you understand and will abide by this regulation.

Name of Authorizing Agent: _____
Print Name

Signature of Authorizing Agent: _____
Signature Date

TICONDEROGA CENTRAL SCHOOL DISTRICT

5 CALKINS PLACE
TICONDEROGA, NY 12883

USE OF FACILITIES - INSURANCE AGREEMENT

1. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the permittee hereby agrees to effectuate the naming of the District as an additional insured on the permittee's insurance policies.
2. The policy naming Ticonderoga Central School District as an additional insured shall:
 - a. Be an insurance policy from an A.M. Best rated "Secure" or better insurer, licensed in New York State.
 - b. State that the organization's coverage shall be primary and non-contributory coverage for the District its Board, employees and volunteers.
 - c. The District shall be listed as an additional insured by using an endorsement providing additional insured coverage for accidents and claims arising out of their use of facilities such as ISO endorsement CG 2026 or equivalent. The decision to accept an alternative endorsement rests solely with the District. A completed copy of the endorsement must be attached to the certificate of insurance.
 - d. At the District's request, the organization shall provide a copy of the declaration page of the liability and umbrella policies with a list of endorsements and forms. If so requested, the organization will provide a copy of the policy endorsements and forms.
3. The permittee agrees to indemnify the District for any applicable deductibles and self-insured retentions.
4. Required Insurance:
 - a. **Commercial General Liability Insurance**
\$1,000,000 per occurrence/ \$2,000,000 aggregate, with no exclusions for athletic participants.
 - b. **Excess Insurance**
\$_____ each Occurrence and Aggregate. Excess coverage shall be on a follow-form basis.
5. Permittee acknowledges that failure to obtain such insurance on behalf of the District constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the District. The permittee is to provide the District with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of work or use of facilities.
6. The District is a member/owner of the NY Schools Insurance Reciprocal (NYSIR). The permittee further acknowledges that the procurement of such insurance as required herein is intended to benefit not only the District but also the NYSIR, as the District's insurer.