PLAINEDGE UNION FREE SCHOOL DISTRICT

Administrative Offices 241 Wyngate Drive, P. O. Box 1669 North Massapequa, New York 11758-0912

Application for Use of School Facilities

Applications must be submitted online through the districts online scheduling system. Event must not be advertised until: (1) favorable action is taken by the District; (2) the application has been approved by the District; and (3) a copy of the approved application is returned to and received by the applicant. The event planned must fulfill all requirements of the rules concerning use of school facilities which appear on the following pages and as set forth in Board policy and regulation. Certificate(s) of Insurance must accompany application. This certificate must name the Plainedge School District as an additional insured and the certificate holder. It is the sole responsibility of the applicant to maintain sufficient insurance coverage throughout the period of use requested and to comply with all laws and District policies regarding the proposed use of facilities. Insurance requirements are set forth in Appendix A to this Application.

Name of Individual,	Organization, Institution	on or Agency		Date of Applicati
Check if:	ndividual 🗆 Organiz	ration Institution	□ Agency	
Name of Person filin	ng application on behal	f of Organization, Institution	or Agency	Title in Organiza
Address				Phone Number
This application is m	nade for:			
□ Auditorium	□ Cafeteria	□ Gymnasium		
□ Stage	□ Kitchen	□ Classroom	□ Other	
□ Stage Lighting	□ Field	☐ All Purpose Room		
School location:				
Data(a).	from	A M /D M to		A M /P N
		A.M./P.M. to		
Note: The Individual services and securion any other expense	ual/Organization usin ty fees (if applicable) s associated with the	A.M./P.M. to ng the building/facilities/sit In addition, the Individu e requested use as detern y/field is sought:	e will be charge al/Organization ined by the Sci	d for overtime cu shall be responsi hool District.
Note: The Individual services and securion any other expense Explain the purpose(ual/Organization usin ty fees (if applicable) s associated with the	ng the building/facilities/sit In addition, the Individu e requested use as detern y/field is sought:	e will be charge al/Organization ined by the Sci	d for overtime cu shall be responsi hool District.
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If the answer is "NO" please explain:
PLEASE ATTACH ROSTER AND ADDRESSES. The roster must include the names and addresses of ALL participants. The roster will be returned to you after review. A copy will be maintained by the District.
Check if an Organization, Institution or Agency is filing this Application
Agreement:
I,
The above-named Organization, Institution or Agency agrees to be responsible to the Plainedge School District for the use and care of the facilities. The above-named Organization, Institution or Agency does hereby covenant and agree to defend, indemnify and hold harmless the 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 connection with the actual or proposed use of the District's property, facilities and/or services by the user organization.
The above-named Organization, Institution or Agency hereby undertakes complete responsibility for the supervision and welfare of all persons on school premises as the result of the event sponsored by the undersigned, and this liability and responsibility both with respect to the event itself, as well as to persons arriving on school grounds early or remaining on school grounds later than the actual time set aside for the use.
I, the undersigned, have made the above request on behalf of the above-named Organization, Institution or Agency with the understanding that the Organization, Institution or Agency and/or its officers and trustees will be held directly responsible for all personal injuries and for replacing or repairing any damages (accidental or vandalism) directly caused by the group or its invitees or participants. It is also understood that the privilege of using the building will be rescinded until such damage has been repaired, and future request for use of the facilities may be denied.
The undersigned is over 21 years of age, has read this form and the above-named Organization, Institution or Agency agrees to comply with all of the terms of the proposed use. I certify that as the officially-designated officer of the applicant organization, I have the full legal rights, power and authority to sign all forms and agreements, including this one, and to bind the above-named Organization, Institution or Agency with respect to the obligations enforceable against the above-named Organization, Institution or Agency and that my signature indicates a full understanding of all the obligations assumed by the above-named Organization, Institution or Agency when using school facilities or school grounds.
Signature of Organization's Representative Date
Print Name: Title:

PLAINEDGE UNION FREE SCHOOL DISTRICT Administrative Offices 241 Wyngate Drive, P. O. Box 1669 North Massapequa, New York 11758-0912 Application for Use of School Facilities Appendix A: Insurance Requirements Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the permittee hereby agrees to effectuate the naming of the School District as an additional insured on the permittee's insurance policies. The policy naming the School District as an additional insured shall: Be an insurance policy from an A.M. Best rated "secure" or better insurer, licensed in New York State. State that the organization's coverage shall be primary and non-contributory coverage for the School District, its Board of Education, employees and volunteers. The School District shall be listed as an additional insured by using endorsement CG 2026 or equivalent. A completed copy of the endorsement must be attached to the certificate of insurance. At the School District's request, the organization shall provide a copy of the Declaration page of the liability and unbrella policies with a list of endorsements and forms. If so requested, the organization will provide a copy of the policy endorsements and forms. The permittee agrees to indemnify the School District for any applicable deductibles and self insurance retentions. The insurance producer must indicate whether or not they are an agent for the companies providing the coverage. Required insurance: Commercial General Liability Insurance \$1,000,000 per occurrence/\$2,000,000 aggregate, with coverage for athletic participants. Permittee acknowledges that failure to obtain such insurance on behalf of the School District constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the School District. The permittee is to provide the School District with a certificate of insurance evidencing the above requirements have been met, prior to the commencement of work or us	Address:	Phone:
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	acknowledges that the procurement of such insurance as requir	

Date

Title: _____

Signature of Individual/Organization's Representative (circle one)

Print Name:

Address:	Phone:				
For Office use only	:				
Application Form	Complete	Yes	No	Not Applicabl	le
Appendix A Comp		No	Not Applicable Not Applicable		
Certificate of Insurance Attached					Yes _
Reviewed roster/pr	Yes	Yes No Not Applica			
Date Application R Approved	Disapproved				
••	••	Athletic Director			Date
	Adm. For Operations				Date
	Building Adminis		Date		
~	No Assigned			By	

PLEASE NOTE THAT THIS APPLICATION WILL BE APPROVED AND SCHEDULED ONLY WHEN ALL PAPERWORK IS SUBMITTED AND ALL ADMINISTRATORS APPROVE THE DOCUMENTS.