

**APPLICATION FOR USE OF SCHOOL BUILDING AND/OR FACILITIES**

**MERIDIAN COMMUNITY UNIT SCHOOL DISTRICT #15**

DISTRICT OFFICE, 728 S. WALL STREET, MACON, IL 62544

TEL: (217) 764-5269

**Facility Use Philosophy**—Public school buildings are erected primarily for use by public schools and their programs. However, the Board of Education believes in the benefits of community use of school facilities if such does not conflict with the educational program of the schools and when such use does not place the district in a vulnerable position regarding liability. The Meridian Board of Education reserves the right of refusal in regards to rental services for activities that, in the sole judgment of the school board, are illegal, violent, immoral, and/or may endanger the health or safety of persons involved, or may result in the damage to school property. The Meridian CUSD #15 School Board further reserves the right to establish and modify, at any time, rules, regulations and fees associated with the use of school facilities. The use of facilities, and continued use thereof, is dependent upon the adherence to federal, state, and local statutes, rules, regulations, and board policies regarding school facilities. Failure to comply with the rules, regulations and fees, herein, may result in the loss of privilege to use school facilities.

I hereby request permission of the Board of Education for the use of the following district facility.

**High School**

- \_\_\_\_\_ Gymnasium
- \_\_\_\_\_ Media Center
- \_\_\_\_\_ Cafeteria
- \_\_\_\_\_ Computer Lab
- \_\_\_\_\_ Classroom (specify)
- \_\_\_\_\_ Athletic Fields (specify)
- \_\_\_\_\_ Concession
- \_\_\_\_\_ Other (specify)

**Middle School**

- \_\_\_\_\_ Gymnasium
- \_\_\_\_\_ Media Center
- \_\_\_\_\_ Cafeteria
- \_\_\_\_\_ Computer Lab
- \_\_\_\_\_ Classroom (specify)
- \_\_\_\_\_ Athletic Fields (specify)
- \_\_\_\_\_ Concession
- \_\_\_\_\_ Other (specify)

**Elementary School**

- \_\_\_\_\_ Gymnasium/Stage
- \_\_\_\_\_ Media Center
- \_\_\_\_\_ Cafeteria
- \_\_\_\_\_ Computer Lab
- \_\_\_\_\_ Classroom (specify)
- \_\_\_\_\_ Athletic Fields (specify)
- \_\_\_\_\_ Other (specify)

Date(s) of Use: \_\_\_\_\_ Time: *from* \_\_\_\_\_ *to* \_\_\_\_\_

Purpose:

---

---

Approximate Number in Group: \_\_\_\_\_ Fee(s) Agreed Upon: \_\_\_\_\_

**Notable Restrictions and regulations:**

**Cafeteria:** Requests made for use of any district cafeteria will require the presence of cafeteria personnel at all times. Cafeteria personnel will be responsible for overseeing the use of equipment, adherence to all sanitation requirements, and clean up. Cafeteria personnel will be compensated at time and one-half by the individual or group requesting the use of any district cafeteria.

**Insurance:** Proof of insurance must be provided to the district office before the event occurs.

Public school buildings are provided for the use of public schools and shall not be used for any other purpose that will conflict with such use. School-affiliated organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of these procedures, to be school-related.

**Expectations: The following expectations are understood and agreed upon:**

1. There shall be no use of alcohol, illegal substances or tobacco on the premises of Meridian during the use of the facility. Beverages are not permitted in the gymnasium except with the permission of the principal or superintendent.
2. Each of the undersigned waives releases, and agrees to indemnify the School District, its officials, its staff, and the Board of Education from responsibility for any liability should any injury occur with the use of this facility.
3. Each individual using these facilities further agrees to full financial reimbursement to the School District for any and all damages incurred to the facility or to school district equipment as a result of said use.
4. Any or all district-owned equipment or materials used by the individuals or group using the facilities shall be returned to their proper location at the conclusion of the event. The user(s) shall be held liable for any damages or loss incurred.
5. The facilities shall be cleaned and returned to the condition prior to use, all refuse and trash shall be removed. The doors shall be locked at the conclusion of the activity the lights turned off.
6. All financial compensation regarding facility use or abuse, including any additional work for school custodians, shall be billed to the responsible party.
7. Failure to abide by any of these terms and conditions shall result in forfeit of privileges for use of the facilities, and reinstatement of such use shall be the sole decision of the Board of Education of Meridian CUSD #15.

\_\_\_\_\_ *Initial here to reflect understanding and acceptance of the above terms*

**1. All groups must supply adequate supervision to ensure proper care and use of school facilities.**

- The related group is responsible to the Board for the use and care of the school facility. All adult supervisors must have access to a cell phone to make emergency calls at all times.
- Sufficient, competent adult supervision must be provided and the adult supervisor must ensure no minor is left alone and unsupervised during and after an activity.
- Only the areas specified for use and their connecting hallways and restrooms, along with needed parking areas, are available for community use. Entering any room or area not authorized for use by the group is prohibited. The adult supervisor will assure the facility is vacated at the scheduled end time.
- No furniture or equipment may be moved without prior approval from the Building Principal.
- Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls without prior permission and then only in a non-marring manner.

\_\_\_\_\_ *Initial here to reflect understanding and acceptance of the above terms*

**2. All 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, expense, 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 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 *Meridian Community Unit District #15* as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss. Insert provider name and contact number at the bottom of this form. Groups will need to provide a copy of the insurance certificate prior to the day of the activity.

**Insurance Minimum Required Coverage**

General Aggregate Liability coverage	\$2,000,000
Products-Comp/OP Aggregate	\$1,000,000
Personal & Adv Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage (Any one fire)	\$ 300,000
MED EXP (Any one person)	N/A

\_\_\_\_\_ *Initial here to reflect understanding and acceptance of the above terms*

**3. Fees**

**All groups requesting facilities must pay the facility use fee prior to the event. By signing this application, the undersigned acknowledges and understands he/she is responsible for any balance that may become due under the terms of this application.**

- All not-for-profit groups wishing to hold a fund raising event where a majority of participants are not from the Meridian School District will be required to pay a facility use fee. In all instances upon which any group using school facilities requires the use of a cook or custodian to be on hand, payment for these services is required.
- Private groups requesting use of the gymnasium, classrooms, and athletic field must be given individual consideration upon submittal of request as per the guidelines indicated in this policy.
- Rental rates may vary with the circumstances and must be sufficient to cover the cost of heat, lights, janitorial service, and any other expenses incurred by usage. The Board of Education reserves the right to make adjustments in rental fees contained in these policies when the circumstances warrant it.

• Rental Rates:	Non-Commercial	Commercial
Gyms	\$50	\$500
Cafeteria	\$25	\$250
Kitchen/Cafeteria	\$50	\$500
Classroom	\$20	\$250
Athletic Field	\$150	\$750
Custodial (hourly per person)	\$40	\$40
Cook (hourly if kitchen is rented)	\$25	\$25

- Rental charge (unless waived by Board): \_\_\_\_\_

\_\_\_\_\_ *Initial here to reflect understanding and acceptance of the above terms*

**4. Payment Method:**       Check \_\_\_\_\_       Cash

If payment is by check, please make check payable to: *Meridian Community Unit District #15*

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

\_\_\_\_\_ *Initial here to reflect understanding and acceptance of the above terms*

**6. All groups must 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 in a physical fitness facility.

\_\_\_\_\_ *Initial here that a copy was received. (attached, AED incident report)*

**7. If the request involves a physical fitness facility, the related group must:**

- Designate at least one adult supervisor who agrees to be an emergency responder. All emergency responders are encouraged to be trained in CPR and trained AED users.
- Give a copy of the District's plan for responding to medical emergencies to each designated emergency responder.
- Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
- Ensure that each designated emergency responder knows the location of first aid equipment and any AED.
- Ensure that only trained AED users operate an AED, unless the circumstances do not allow time for a trained AED user to arrive.
- Arrange for at least one emergency responder to have a tour of the facility before the activity.
- Ensure that if an AED is used, all appropriate forms are completed and that the principal or superintendent are notified immediately.

\_\_\_\_\_ *Initial here to reflect understanding and acceptance of the above terms*

**8. Access to the facility**

- When staff are not pre-arranged to open and close the facility for the event, a key will be issued to the responsible party. This key needs to be obtained from the principal in advance of the function and returned the next school day to the office of the building in use. Keys are numbered. No doors may be propped open or accessed without prior authorization

\_\_\_\_\_ *Initial here to reflect understanding and acceptance of the above terms*

\_\_\_\_\_ Key number issued

I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.

I agree to: (1) abide by the conditions stated in this application, and (2) adhere to all Board policies and administrative procedures applicable to this use of the school's facility.

Applicant name ( <i>please print</i> )	Telephone number
Address	Email address
Applicant signature	Date

---

Building Principal \_\_\_\_\_ Date \_\_\_\_\_

Building Athletic Director \_\_\_\_\_ Date \_\_\_\_\_

Board of Education (or their agent) \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Date Received \_\_\_\_\_

**Approved**       **Denied**

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**AED LOCATIONS:**

**Meridian Elementary School**- on the east wall in the cafeteria by the Nurse's office.

**Meridian Middle School** – on the wall at entrance to gym and in the locker room.

**Meridian High School** – on the south wall of gym, portables in athletic trainer room.

**Insurance Minimum Required Coverage**

General Aggregate Liability coverage	\$2,000,000
Products-Comp/OP Aggregate	\$1,000,000
Personal & Adv Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage (Any one fire)	\$ 300,000
MED EXP (Any one person)	N/A

**Automated External Defibrillator Incident Report**

*To be completed by the person who used the AED*

Patient name: \_\_\_\_\_ Age: \_\_\_\_\_

Patient identification:  Student       Parent       Other: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Description of incident: \_\_\_\_\_  
\_\_\_\_\_

Name of person who determined victim's unresponsiveness: \_\_\_\_\_

Name of person applying AED: \_\_\_\_\_

Number of times patient was defibrillated: \_\_\_\_\_

Time 9-1-1 was called: \_\_\_\_\_

Patient vitals prior to arrival of EMS: Breathing       Yes       No

Pulse       Yes       No

Heart rhythm: \_\_\_\_\_

Time EMS arrived: \_\_\_\_\_

Patient vitals after arrival of EMS: Breathing       Yes       No

Pulse       Yes       No

Heart rhythm: \_\_\_\_\_

Patient transported to: \_\_\_\_\_

List series of events from start of emergency until conclusion:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Forward completed incident report to the Superintendent.*

\_\_\_\_\_  
Signature of person who administered the AED      Date

\_\_\_\_\_  
Address      Telephone