



## Facilities Permit for Rome City School District

**Forms need to be submitted to Director of Facilities 45 days prior to event and will not be accepted without certificate of insurance attached**

**Please see #1 below for insurance requirement details.**

ROME CITY SCHOOL DISTRICT, 409 BELL ROAD, ROME, NEW YORK 13440, (315) 334-7265

Sponsoring Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Equipment/Audio/Video needs please fill out District  
Borrowing/Indemnification Forms:

Name of School/Grounds Requested: \_\_\_\_\_

Room Requested: \_\_\_\_\_

Date(s) and Time(s) Needed: \_\_\_\_\_

\_\_\_\_\_

Approximate Number of People: \_\_\_\_\_

Admission Charged:

☐ Yes ☐ No

1. The Sponsoring Agency must have in force Commercial General Liability Insurance, with limits of \$1,000,000 per occurrence, \$2,000,000 aggregate. The insurance company providing the coverage must be a New York admitted, A.M. Best rated "secured" insurer. The Rome City School District must be named as an additional insured. A certificate of insurance, providing 30 days notice of cancellation, must accompany this request.
2. If food, beverages, etc. are to be served, all arrangements must be made through the School Lunch Director – (315) 338-6556.

3. All Facilities Use Permits are cancelled if the school district cancels or closes early due to inclement weather.
4. Report damages to the custodian immediately.
5. School events have preference and supersede any permission granted for use.
6. Facilities Permit and applicable billing will be mailed or emailed.

*It is clearly understood by the Sponsoring Agency that the Rome City School District will be held safe harmless from any and all liability for injury or damage resulting from this group's requested activity.*

### FOR DISTRICT USE ONLY

Approval Level: School Principal/Athletics: ☐ Yes ☐ No \_\_\_\_\_ Signature

Dir. Of Fine Arts (if Auditorium): ☐ Yes ☐ No \_\_\_\_\_ Signature

Business Office (Insurance Approval): ☐ Yes ☐ No \_\_\_\_\_ Signature

Security: ☐ Yes ☐ No \_\_\_\_\_ Signature

Director of Facilities: ☐ Yes ☐ No \_\_\_\_\_ Signature

Agenda: ☐ Yes ☐ No