

PROSSER SCHOOL DISTRICT No. 116
1500 GRANT AVE
PROSSER, WA 99350
PHONE: (509) 786-3323
FAX: (509) 786-2062



FACILITIES RENTAL FORM

Group: _____

Contact Person: _____

Contact Phone: _____ Email: _____

Date(s) Requested: _____

Time(s) Requested: _____

Purpose: _____

Area/Room Requested:

PHS Main Gym:	HMS North Gym:	Old PHS Main Gym:
PHS AUX:	HMS South Gym:	Old PHS MPR:
PHS Commons:	HGTS MPR:	Old PHS Wrestling Room:
PHS Auditorium:	KRV MPR:	
PHS Practice Field(s): _____	WS MPR:	
PHS Other: _____		
Art Fiker Stadium:		

Specific Room if not listed: _____

The following equipment will be needed:

Projector: _____ #Tables: _____ #Chairs: _____ Bleachers: _____
Other: _____

Setup at: _____ **Doors unlock at:** _____

Clean-up at: _____ **Doors locked at:** _____

A. General Regulations (Please read carefully)

1. A custodian must be hired for any group using a building during non-custodial hours. The minimum charge is two hours for the custodian.
2. Rental fees and custodial fees will be paid to Prosser School District, 1500 Grant Ave Prosser WA 99350.
3. A responsible adult is to be in charge of the activity during the use of the facilities.
4. The activity is to be confined to the area of facilities and on school grounds.
5. State law prohibits smoking in school facilities and on school grounds.
6. No alcoholic beverages are allowed in school facilities and on school grounds.
7. Proper shoes are to be used at all times. If athletic function in a gym, either tennis or basketball shoes.
8. Groups using facilities are to arrange for all portable equipment needed for their activity.
9. All keys will be in the hands of authorized personnel ONLY.
10. Outside groups using facilities will pay for damages or unnecessary wear to the facility or equipment.
11. The renter of school facilities understands and agrees that this agreement is for only those areas specified herein; the renter agrees to monitor the facility in order to prevent improper use of hallways classrooms, gyms, restrooms, etc.

B. Insurance

During the term of this agreement, the applicant/renter shall obtain and maintain at its own expense Commercial General Liability Insurance in the amount of \$1,000,000 per occurrence and \$2,000,000 general aggregate, including coverage for bodily injury and property damage, premises and operations, products, completed operations, contractual liability, independent contractors, and personal/advertising injury liability. Applicant/renter shall provide the Prosser School District a Certificate of Liability Insurance naming the Prosser School District, 1500 Grant Ave, Prosser WA

99350 as an Additional Insured. Said certificate must be received by the District prior to the use of the facility by the applicant/renter.

C. Reporting

It is the responsibility of the applicant/renter to report to the Night Custodian/or Maintenance Supervisor (509) 781-8115 any damage sustained to the facility due to the activities of the applicant/renter and, likewise, to report any injury sustained by a person involved in the applicant's/renter's activity. If the incident is a non-emergency injury or damage, the incident needs to be reported to School Principal or Superintendent by the close of the business day. If the incident is an emergency injury or damage the incident needs to be reported to the Superintendent or Principal as soon as possible.

D. Required Personnel

A custodian and/or food service person is required to be on-site during the activity/event

1. Use of Gym/MPR: A Prosser School District custodian must be on hand during the main performance or activity or event
2. Use of Kitchen: A Prosser School District food service person must be on-site during the entire activity while the kitchen is in use.

E. Release and Hold Harmless Agreement

The Renter has inspected the rented premises, finds them to be suitable for the rental purposes, accepts full responsibility for the condition of said premises during his/her utilization thereof, and assumes all risks connected with his/her utilization thereof whether foreseen or unforeseen. The Renter releases Prosser School District from all claims of, or causes of action for, any negligence, harm, injury, or damage of any nature whatsoever to himself/herself in any manner whatsoever arising out of his/her utilization of the rented premises. The Renter further agrees to defend and hold the Prosser School District harmless from all claims of, or causes of action for, any negligence, harm, injury, or damage of any nature whatsoever to any other person in any manner whatsoever arising out of his/her utilization of the rented premises.

To be filled out by District Office:	
Rental Fee:	(\$ _____ per hour)
Custodial Fee:	(\$ _____ per hour) Food Service: (\$ _____ per hour)
_____ Custodian to stand by during activity	_____ Food Service Personal on premises
YES or NO Charge/Custodian on Duty	YES or NO Charge/Food Service on Duty

Signature of Renter: _____ Date: _____

Billing Address: _____ Phone: _____

DISTRICT USE ONLY:

Approved by Principal/Athletic Director: _____ Date: _____

Approved by Principal/Athletic Director: _____ Date: _____

Approved by Principal/Athletic Director: _____ Date: _____

Comments:

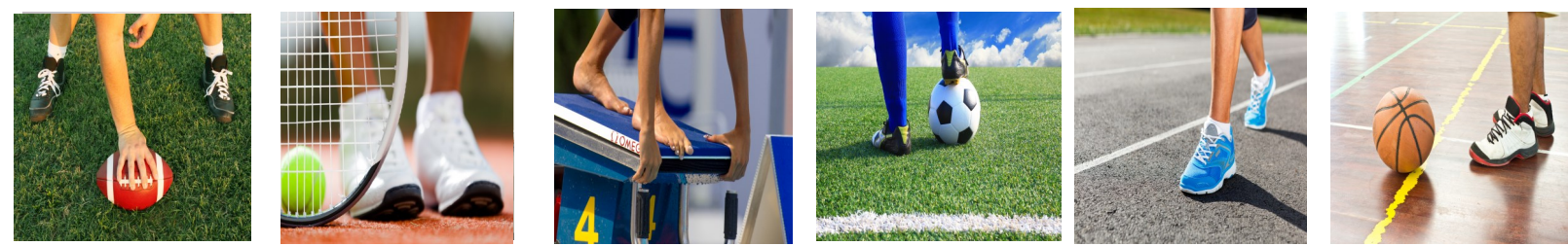


Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!

Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second Counts!**

PROSSER SCHOOL DISTRICT

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

PROSSER SCHOOL DISTRICT Concussion Information Sheet

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

RETURN TO PARTICIPATION PROTOCOL

If your child has been diagnosed with a concussion they MUST follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized.

The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or exercise bike) and progresses each day as long as the child remains symptom free. If at any time symptoms return, the athlete is removed from participation.

Head Injury Law Information

“The Lystedt Law” HB 1824 (Effective July 24, 2009)

Regarding Youth Organizations

1. Affects

- a. Coaches – All youth program coaches for the programs using school district facilities
- b. Athletes & Parents – All youth program athletes and parents for the programs using school district facilities
- c. All Youth Organization Users of School District Facilities (*youth programs means any program or service offered by a private non-profit group that is operated primarily to provide persons under the age of 18 with opportunities to participate in services or programs*)

2. Summary of Law

- a. Training
 - All youth program coaches must go through training. Training may be available from the youth organization. Washington Interscholastic Athletic Association (WIAA) has an on-line video and information for coaches to view and read.
- b. Information
 - Youth sports organization participants and their parent(s)/guardian(s) have to read and sign an information form. Information and form may be available from the youth organization. Information and form is available on the WIAA website.
- c. Use of School District Facilities
 - Any youth organization using school district facilities must sign a school district compliance statement that verifies all coaches, athletes and athletes' parent(s)/guardian(s) have complied with policies outlined in HB 1824 (Lystedt Law) and provide proof of liability insurance (Certificate of Liability Insurance)



PROSSER SCHOOL DISTRICT

Compliance Statement for HB 1824, **Youth Sports-Head Injury Polices** and SB 5083, **Sudden Cardiac Arrest Awareness**. (attach to any building/facility use request form)

_____ requests the use of the _____ School District facilities for the following dates:

_____, a private non-profit youth sports group, verifies all coaches, athletes and their parent/guardian have complied with mandated policies for, the **Management of Concussions and Head Injuries** as prescribed by HB 1824, section 2 and **Sudden Cardiac Arrest Awareness** as prescribed by SB 5083, section 3.

Attached is a proof of insurance under an accident and liability policy issued by an insurance company authorized to do business in Washington State covering any injury or damage with at least \$50,000 due to bodily injury or death or one person and at least \$100,000 due to bodily injury or death to two or more persons.

Signed:

Representative of Private Non-Private Youth Sports Group

_____ (Date)

*Note: Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district &/or designee.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER XYZ Agency 321 Spring St Winston Salem NC 27105	CONTACT NAME: PHONE (A/C, No. Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURED ABC Company 123 Main St King NC 27021	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Best Insurance Company		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			01CC1234567	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Prosser School District #116 is named as Additional Insured

Limits shown are those as of inception or subsequently endorsed

CERTIFICATE HOLDER**CANCELLATION**

Prosser School District 1500 Grant Ave Prosser, WA 99350	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE John Q. Agent
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