

**Community Relations**

**Application and Procedures for Use of School Facilities**

*To be submitted to the building Principal, who will submit the request to the Superintendent*

**This application must be approved before a non-school related group is allowed to use school facilities.** School organizations, school-sponsored programs, and NSD2 community organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related.

<b>Organization name</b>	<b>School facility</b>
<b>Program/Activity</b>	<b>Program/Activity dates</b>
<b>Equipment needed</b>	<b>Activity Times / Beginning and Ending</b>
<b>Room arrangement, including decorations</b>	<b>Materials to be brought into facility</b>

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

- Only the cafeteria, auditorium, gymnasium, and athletic field, along with needed hallways and parking areas, are available for community use.
- 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.

\_\_\_\_\_ *Initial here* I agree with these terms

**2. All non-school related 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.
- A refundable \$1500 deposit is due at time of application to 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 Board's discretion.
- Supply proof of insurance naming the school district as additionally insured up to the levels currently set by the Board of Education (minimum of \$1 million per occurrence/\$3 million aggregate for general liability).

\_\_\_\_\_ Insurance provider name and contact number

\_\_\_\_\_ *Initial here* I agree with these terms

**3. Charges**

- A. Deposit (unless waived by Board policy): \_\_\_\_\_
- B. Rental charge (unless waived by Board policy): \_\_\_\_\_
- C. Meal and beverage service (cost as determined by the cafeteria supervisor): \_\_\_\_\_  
\_\_\_\_\_ *Initial here* I agree with these terms
- D. Key (Swipe Card) deposit is \$25.00. Refund of \$25.00 made at time the card is returned.  
\_\_\_\_\_ *Initial here* I agree with these terms

**4. The use of school facilities for school purposes has precedence over all other permissible uses.**

\_\_\_\_\_ *Initial here* I agree with these terms

5. All groups must agree to use appropriate emergency procedures including a working cell phone to call 9-1-1 for medical emergencies and on sight presence of a person currently trained in CPR and the use of an AED during the event.

\_\_\_\_\_ *Initial here* I agree with these terms

6. All groups must agree to follow the District's *Plan for Responding to a Medical Emergency at an Indoor Physical Fitness Facility, 4:170-AP6*. Important: the District will not supervise the activity nor will it supply individuals to act as emergency responders.

Activity being proposed is not in an indoor physical fitness facility.

\_\_\_\_\_ *Initial here* I agree with these terms

7. If the request involves an indoor physical fitness facility, the non-school related group must:

- Designate at least one adult who agrees to be an emergency responder. It is required that all emergency responders be trained CPR and 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 (4:170-E6, *Automatic External Defibrillator Incident Report*).

\_\_\_\_\_ *Initial here* I agree with these terms

**I agree to abide by the conditions stated in this application and agree to adhere to all Board policies and administrative procedures.**

_____ Applicant name ( <i>please print</i> )	_____ Telephone number
_____ Address	
_____ Applicant signature	_____ Date
_____ Key Holder if other than Applicant	_____ Phone/Cell of Key Holder

The Superintendent or designee will base his or her decision on the information being provided in this application as well as other criteria deemed important. (*Note to Superintendent or designee: after approving or denying this application, return a copy of it to the person making the request, keep the original in the central office, and send a copy to the appropriate Building Principal.*)

**Approved**       **Denied** Reason if denied \_\_\_\_\_

_____ Building Principal or Associate Principal	_____ Date
_____ Superintendent or designee	_____ Date