

# BUILDING USE FORM

## SCIO CENTRAL SCHOOL

3968 Washington Street

Scio, NY 14880

(585) 593-5510

The administration is responsible for the use of all school facilities. In order that they may consider your request for the use of school facilities, please complete the following form:

### I. ACTIVITY INFORMATION

Name of Group \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Rooms/Areas Requested \_\_\_\_\_

Time(s) Building Requested \_\_\_\_\_

Purpose of Event \_\_\_\_\_

Time(s) of Event \_\_\_\_\_

Will activity be open to public? Yes \_\_\_\_\_ No \_\_\_\_\_

Will admission be charged? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, proceeds will be used for:

\_\_\_\_\_

Name of person responsible for event: \_\_\_\_\_

Phone number of person responsible: \_\_\_\_\_

Address of person responsible: \_\_\_\_\_

\_\_\_\_\_

### II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are the limits of liability? \_\_\_\_\_

Bodily Injury \$ \_\_\_\_\_

Property Damage \$ \_\_\_\_\_

**You MUST supply the school with a certificate of insurance stating the following:**

1. Liability Coverage
2. Umbrella Coverage
3. The Event Take Place
4. Naming the School as an Additional Insured

### III. RULES GOVERNING USE OF FACILITIES BY COMMUNITY GROUPS:

- A. No smoking in building or on school grounds whatsoever.
- B. No possession or drinking of alcoholic beverages is permitted
- C. Activity shall be restricted to that area for which permission is granted.
- D. The activity shall not extend beyond the hours approved in the request.
- E. All activities shall be planned so they do not interfere with the regular day school schedule.
- F. The organization using the building shall be responsible for moving its' own equipment into and out of the building.
- G. The responsible person is to remain with the group from start to end until all have left.

- H. In the absence of the building principal or administrative personnel, the custodian is charged with responsibility of the building.
- I. School authorities must have free access to all rooms at all times.
- J. Where custodial assistance must be hired, a charge will be made and must be paid within 30 days.
- K. Room(s) or facility used by applicant will be carefully examined after use. The applicant will make good promptly on any loss or damage occurring as a result of the use of school property.
- L. No school property or equipment is to be altered or removed from the premises.
- M. The using organization shall be required to furnish public liability and property damage insurance with limits at least equal to those of the school.
- N. A Certificate of Insurance, with proper limits of liability, shall be submitted as evidence of insurance coverage at least three (3) days in advance of the event and must designate both the using organization and the school (Scio Central School District) as insureds. The absence of such a certificate will preclude use of the facility.
- O. This license is revocable at any time by school authorities.
- P. No reservation will be made until this application is returned and approved by the school's senior administrative official.
- Q. Requesting person is required to meet with those staff members for which areas are being used.
- R. Any injuries that happen while using the building should be reported to the Building Supervisor immediately.

I agree on behalf of the above indicated organization that all members and guests will observe the above regulations and we, individually, and as an organization, will assume full financial responsibility for any and all damages done to Scio Central School property during the above indicated period of use. We also agree that our organization will, at all times hereafter, indemnify the above-named school against any loss, damage, or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Routing:**

<u>Department Title</u>	<u>Initials</u>	<u>Date of Approval</u>
Maintenance Supervisor/Athletic Director	_____	_____
Building Principal	_____	_____
Business Administrator	_____	_____
Cafeteria Manager (if applicable)	_____	_____
Computer Coordinator (if applicable)	_____	_____
Superintendent	_____	_____