

HICKSVILLE PUBLIC SCHOOLS
Application for Use of School Facilities

Submit this completed application to: Hicksville UFSD, Facilities and Operations, Administration Building, 200 Division Avenue, Hicksville, NY 11801 4800.

1. The (name of organization) _____ requests the use of
 (room/s) _____ at (School) _____
 on (list all dates, hours and nature of activity) _____

List date(s) that the room or field will not be used*: _____

**If after the submission of this application, a room or field is not going to be used on a particular date(s), please notify the Facilities Office at least 48 hours in advance at 733-2180 so a secondary permit holder may be granted permission for the use of the room/field on that date(s).*

2. List all special preparations needed. (i.e. TV, VCR, projectors, chairs, tables, etc.)

3. Names, addresses, and home phone numbers of three adults who are directly responsible for group and will be in attendance.

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

4. The group will be approximately _____ Adults and _____ Minors.

5. Will admission be charged? _____ YES _____ NO If yes, Amount _____
 Will any fees be charged? _____ YES _____ NO If yes, Amount _____
 Will any goods or services be sold? _____ YES _____ NO
 Describe: _____
 Proceeds will be used for: _____

6. Checks should be made payable to Hicksville Union Free School District.

WAIVER OF FEE REQUESTED _____ YES* _____ NO _____ N/A

*If yes, submit a letter with this application describing all the details of the function, including a financial report.

7. _____ (name of organization) does hereby covenant and agree to defend, indemnify and hold harmless the Hicksville UFSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the District's property, facilities and/or services by _____ (name of organization) and/or the activities, functions, events, affairs, or proceeding of (name of organization) _____.

8. We have read the attached regulations and agree that our organization will abide by them and will accept pursuant financial responsibility. We further certify that a majority of the users of the facility under this application are residents of Hicksville UFSD.

Date

X_____
Signature

Phone

Address to which Permit should be sent

INSURANCE AGREEMENT – USE OF FACILITIES

- I. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the holder of the permit hereby agrees to effectuate the naming of the district as an unrestricted additional insured on the permittee's insurance policies, with the exception of worker's compensation.
- II. The policy naming the district an additional insured shall:
- be an insurance policy from an A.M. Best-rated "secured," New-York-State-admitted insurer;
 - provide for 30 days' notice of cancellation; with a copy of such notice, if any, provided to the district;
 - state that the organization's coverage shall be primary coverage for the district, its Board, employees and volunteers.
- III. The permittee agrees to indemnify the district for any applicable deductibles.
- IV. Required Insurance:
- Commercial General Liability Insurance
\$1,000,00 per occurrence/\$2,000,00 aggregate
- V. The permittee acknowledges that failure to obtain such insurance on behalf of the district constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the district. The permittee is to provide the district with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of use of the facilities.

X

Permit Holder Signature (Name and Title)

Date

Director of Facilities and Operations

Date

Board Approval Date: May 21, 1996

Revised: November 19, 2003

Revised: May 18, 2010

Reviewed: September 16, 2015