

EVERGREEN PARK ELEMENTARY SCHOOL DISTRICT 124

2929 W. 87th Street · Evergreen Park, Illinois 60805-2328
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Inspire, Empower, Achieve ... Every Student, Every Day

Application and Procedures for Use of School Facilities

To be submitted to the Office of the Superintendent.

This application must be approved before a non-school related group is allowed to use school facilities.

School facilities are available to community organizations during non-school hours when such use does not: (1) interfere with any school function or affect the safety of students or employees, or (2) affect the property or liability of the School District, and (3) the organization can successfully demonstrate that at least 50% of the participants in the event for which the facilities have been requested are current D124 students. The use of school facilities for school purposes has precedence over all other uses. The District reserves the right to cancel previously scheduled use of facilities by community organizations and other groups.

Please complete all requested information:

| | | |
|---|--|-----------------------|
| Organization name | Requested school facility | |
| Supervisor from organization <i>(must be 21 years of age or older)</i> | Cell Phone # | E-mail address |
| Program/activity | Date(s) and start/end time(s) | |
| Equipment needed | Materials to be brought into facility | |
| Anticipated number of Attendees | Food service required | |

1. 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.
- 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 School Board's discretion.
- Supply proof of insurance naming *[insert name of the District]* as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss: _____

Insurance provider name and contact number

_____ *Organization Supervisor initial here.*

2. All non-school related groups must pay the cost of any District personnel (ie., Building Supervision and/or Custodial) at the hourly rate explained at the time of the approval of this request.

_____ *Organization Supervisor initial here.*

3. Payment Method: Check Money Order Credit Card

If payment is by check, please make check payable to: _____ *The District*

If payment by credit card, please indicate the following: Visa Master Card Am Ex
Expiration date: _____ Credit Card No.: _____ CVV: _____ Today's date: _____
Authorized amount: _____ Authorized signature: _____

4. All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an Automatic External Defibrillator (AED) is used.

_____ *Organization Supervisor initial here.*

5. All non-school related groups must agree to follow the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility,

Important: The District will not supervise the activity nor will it supply trained AED users to act as emergency responders at any time, including during staffed business hours.

Activity being proposed is not in a physical fitness facility.

_____ *Organization Supervisor initial here.*

Copy of the District's *Plan for Responding to a Medical Emergency at a Physical Fitness Facility* has been provided. 77 Ill.Admin.Code §§527.400(a) and 527.800(c). **Important:** State law encourages all non-District coaches, instructors, judges, referees, or other similarly situated non-District anticipated rescuers who use the physical fitness facility in conjunction with the supervision of physical fitness activities to complete a course of instruction that would qualify them as a trained AED user under Ill. law. 410 ILCS 4/10; 77 Ill.Admin.Code §527.100.

_____ *Organization Supervisor initial here.*

6. If the request involves a physical fitness facility, the non-school related group must:

- Designate at least one adult supervisor who agrees to be an emergency responder. All emergency responders are encouraged to be trained in CPR and trained 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, the Superintendent is informed and all appropriate forms are completed.

_____ *Organization Supervisor initial here.*

I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.

I agree to: (1) abide by the conditions stated in this application, and (2) adhere to all Board policies and administrative procedures applicable to this use of the school's facility.

| | |
|--|-------------------|
| _____ | _____ |
| Applicant name (<i>please print</i>) | Cell phone number |
| _____ | _____ |
| Address | Email address |
| _____ | _____ |
| Applicant signature | Date |

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**

Superintendent or designee

Date

