



BUILDING USE APPLICATION FORM 2024-2025

THE FOLLOWING ORGANIZATION OR GROUP: _____



MARK "X" FOR POOL REQUEST AND INCLUDE COMPLETED "GUIDELINE FOR POOL SAFETY PLAN"

HEREBY REQUESTS PERMISSION TO USE THE FOLLOWING SCHOOL FACILITIES AND EQUIPMENT: *** [PLEASE BE SPECIFIC WITH REGARD TO FACILITY AND EQUIPMENT NEEDS] ***

Please Mail/Deliver Form 2 weeks prior to event to: Weedsport Central School District, c/o Building Use, 2821 E. Brutus Street, Weedsport, NY 13166

DAY(S) of Week (Sun-Sat): _____ SET UP TIME - From: _____ To: _____

DATE(S): _____ EVENT TIME - From: _____ To: _____

- Is your group a non-profit organization? YES [] NO []
Will admission/participation fees be charged? YES [] NO []
Is the event open to the public? YES [] NO []
Does your group require custodial services (\$20/hr)? YES [] NO []
Are you requesting open door access? YES [] NO []

Specify purpose of activity: _____ DIAGRAM PROVIDED: Y / N [IF YES, PLEASE ATTACH DIAGRAM]

BUILDING AVAILABILITY: All facility use requests must be within the schedule below.

- Monday-Friday from 7:30AM - 11:00 PM*
Saturday from 8:00AM - 4:00 PM*
Sunday all buildings and fields are closed.

*Facility use approvals, when school is in session, will be significantly limited. School sponsored events will take priority over all other requests.

THE ABOVE NAMED ORGANIZATION AGREES:

- 1. To provide ticket sellers, takers, ushers, and all incidental labor.
2. To only utilize the space(s) that have been approved by the district.
3. To seek assistance and approval from the supervising custodian in order to move any furniture or district resources.
4. That for profit groups not associated with the district (as described in #5 below) will be charged a custodial and/or rental fee as indicated:
a. Custodial Fee \$20/hour.
The custodial fee will only be charged for events that require cleanup and or movement of furniture/supplies (note that fees will be charged for the duration of the scheduled time)
b. Rental Fee:
i. \$6/hour for small spaces (Classroom space or equivalent)
ii. \$15/hour for medium sized spaces (Cafeteria, Library or equivalent)
iii. \$20/hour for large group spaces (Gym, Auditorium or equivalent)
iv. \$15/hour for each athletic area that is utilized (Track/field, baseball field, basketball court, etc.)
5. That school sponsored events and/or those approved and supported by the Association of Parents and Teachers (APT) will not be charged a rental fee or custodial fee.
6. That kitchen and kitchen resources are not to be utilized at any time.
7. That the pool facility requires additional requirements and supervision and must have pre-authorization from the Athletic Director and Superintendent of Schools at least 4 weeks in advance of the scheduled event.

THE ABOVE NAMED ORGANIZATION ALSO AGREES:

- 1. To comply with the District Code of Conduct.
2. To not discriminate against any individual in violation of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, the NYS Human Rights Law or any other federal or state law prohibiting discrimination.
3. To maintain an orderly behavior in the group and assembled public, in designated areas.
4. To prevent the sale or use of intoxicating beverages in the buildings or on the premises.
5. To pay for all damage occurring to school property.
6. To leave school properties in an orderly and neat condition with any furniture, tables, and chairs, or other equipment that was moved returned to the original location.
7. To remove from the school premises immediately at the close of the event all properties not belonging to the school district.
8. To return promptly all equipment or property rented for use off of the school premises.
9. To carry public liability insurance naming the Weedsport Central School District as an additional insured with a Minimum Required Insurance:
a. Commercial General Liability Insurance
\$1,000,000 per Occurrence/\$2,000,000 Aggregate, with no exclusions for Athletic Participants
\$2,000,000 Products and Completed Operations
\$1,000,000 Personal and Advertising Injury
\$100,000 Fire Damage
\$10,000 Medical Expense
b. Organized Athletic Leagues - \$3,000,000 each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis or provide broader coverage over the required General Liability coverages.
c. Athletic/Recreational Camps - \$5,000,000 each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis or provide broader coverage over the required General Liability coverages. (OVER-->)

The undersigned is over 21 years of age and has read this form and agrees to comply with such. He/she agrees to be responsible to the District for the use and care of the facilities. He/she, as the Organization Representative, does hereby covenant and agree to defend, indemnify and hold harmless the District from and against any and all liability, loss, damages, claims or actions (including costs and attorneys' 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 District's property, facilities, and/or services, including but not limited to bodily injury to any employee, invitee, guest, spectator, contractor or subcontractor of the Organization. The Organization understands and agrees that its use of Weedsport Central School's property and facilities includes, but is not limited to, all areas identified in the application and/or permit, and sidewalks, walkways, parking lots, entrances, stairs, and all other areas incidental to and/or connected with the use of the premises (hereinafter referred to as "incidental areas"). The Organization agrees that its indemnity and insurance obligations extend to the areas identified in the application and/or permit and any and all incidental areas. The undersigned further indicates acceptance of requirements and responsibilities set forth in the District Code of Conduct and Community Use of School Facilities Board Policy.

AGREED: _____
 (Signature/Organization Representative) (Date)

 (Print Your Name)

 (Address)

 (Phone)

 (Email)

TO BE COMPLETED BY SCHOOL OFFICIALS

BUILDING ADMINISTRATOR SIGNATURE OF APPROVAL: _____

THE ABOVE REQUEST IS DENIED FOR THE FOLLOWING REASON(S):

CHARGES: \$ _____

DEPOSIT RECEIVED: Yes No

AMOUNT RECEIVED: \$ _____

DATE RECEIVED: _____

INSURANCE REQUIRED: Yes No

CERTIFICATE OF INSURANCE ON FILE: Yes No

DATE OF EXPIRATION: _____

IS THE DISTRICT NAMED AS AN ADDITIONAL INSURED? Yes No

AGREED: _____
 (Signature/Board of Education Representative) (Date)

OFFICE USE ONLY	
___ Organization Representative	___ Building Administrator
___ Jr.-Sr. HS Custodial Staff	___ Kitchen
___ Elem. School Custodial Staff	___ Other _____
___ Technology Department	___ Other _____
___ Please have all ADA door entrances unlocked.	