

## **BUILDING USE APPLICATION FORM 2025-2026**

## THE FOLLOWING ORGANIZATION OR GROUP: \_\_\_

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 UF	P TIME – From:	To:		
DATE(S	):	EVENT	TIME – From:	To:		
	roup a non-profit organization?	YES [ ] NO [ ]	- · · ·			
	ission/participation fees be charged?	YES [] NO []	Number of Attendees:			
	ent open to the public?	YES [] NO []	Name & contact of ons	Eite coordinator (Other than Organization Representative):		
	r group require custodial services (\$20/hr)?	YES [] NO []				
	requesting open door access?		Doors to be opened:	Open/Close Times:		
Specify 1	ournose of activity.			DIAGRAM PROVIDED: Y/N		
Specify purpose of activity:			e schedule below	[IF YES, PLEASE ATTACH DIAGRAM]		
• •	Monday-Friday from 7:30AM - 11:00 PM* Saturday from 8:00AM - 4:00 PM* Sunday all buildings and fields are closed.					
•	use approvals, when school is in session, will be sig	•	ool sponsored events will ta	ake priority over all other requests.		
	OVE NAMED ORGANIZATION AGREE					
1	provide ticket sellers, takers, ushers, and all incid					
	t for profit groups not associated with the dis					
	ustodial Fee \$20/hour.	and (as described in	is below) will be charged	a custodiar and/or rentar ree as indicated.		
u. C	The custodial fee will <b>only</b> 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)	is that require creating	p and of movement of fair	indicisupplies (note that fees will be charged for the		
b. R	ental Fee:					
	i. \$6/hour for small spaces (Classroom	space or equivalent)				
	ii. \$15/hour for medium sized spaces (C		quivalent)			
i	iii. \$20/hour for large group spaces (Gy	n, Auditorium or equ	ivalent)			
	iv. \$15/hour for each athletic area that is	s utilized (Track/field	, baseball field, basketball	court, etc.)		
5. That	t school sponsored events and/or those approved	and supported by the	Association of Parents an	d Teachers (APT) will not be charged a rental fee or		
cust	odial fee.					
	That kitchen and kitchen resources are <u>not</u> to be utilized at any time.					
			nd must have pre-authoriz	zation from the Athletic Director and Superintendent		
	ools at least 4 weeks in advance of the scheduled					
	OVE NAMED ORGANIZATION ALSO A	GREES:				
	comply with the District Code of Conduct.					
	ę ;		ith Disabilities Act, Section	on 504 of the Rehabilitation Act, the NYS Human Righ		
	or any other federal or state law prohibiting dis					
	bay for all damage occurring to school property.	1	····· · · · · · · · · · · · · · · · ·	- de la construcción de la constru		
<ol> <li>To loca</li> </ol>		attion with any furni	ture, tables, and chairs, or	other equipment that was moved returned to the origination		
		the close of the even	all proportion not holong	ng to the school district		
	emove from the school premises immediately at eturn promptly all equipment or property rented					
	arry public liability insurance naming the Weed			sured with a Minimum Required Insurance.		
9. 10C a.	Commercial General Liability Insurance	sport contrai School	District as an auditional III	surea with a minimum required insurance.		
а.	\$1,000,000 man Qapping ag/\$2,000,000 A game	oto with no ovel-se	ng fon Athlatia Dartising	nta		

\$1,000,000 Personal and Advertising Injury

- \$100,000 Fire Damage
- \$10,000 Medical Expense
- Organized Athletic Leagues \$3,000,000 each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis or provide b. broader coverage over the required General Liability coverages.
- Athletic/Recreational Camps \$5,000,000 each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis or provide c. broader coverage over the required General Liability coverages.  $(OVER \rightarrow)$

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

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- - \$1,000,000 per Occurrence/\$2,000,000 Aggregate, with no exclusions for Athletic Participants
    - \$2,000,000 Products and Completed Operations

SMOKING POLICY: SMOKING IS PROHIBITED IN ALL BUILDINGS, FACILITIES, AND MOTOR VEHICLES OF THE WEEDSPORT CENTRAL SCHOOL DISTRICT AT ALL TIMES. SMOKING IS ALSO PROHIBITED ON THE GROUNDS AND PROPERTY OF THE WEEDSPORT CENTRAL SCHOOL DISTRICT DURING ALL SCHOOL AND COMMUNITY RELATED ACTIVITIES.

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	OFFICE USE ONLY						
AMOUNT RECEIVED: \$	Organization Representative      Building Administrator        JrSr. HS Custodial Staff      Kitchen        Start      Cott        Start      Cott        Start      Cott        Start      Cott        Start      Start        Start						
DATE RECEIVED:	Elem. School Custodial Staff        Other          Technology Department        Other						
INSURANCE REQUIRED: Yes No	Please have all ADA door entrances unlocked.						
CERTIFICATE OF INSURANCE ON FILE:	П No						
DATE OF EXPIRATION:							
IS THE DISTRICT NAMED AS AN ADDITIONAL INSURED? Yes No							
AGREED: (Signature/Board of Education Representative) (Da	te)						