

**Application and Agreement for Use of District Property**

***NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.***

Name of Sponsoring Organization/Activity <u>Sports City U Basketball</u>		Telephone <u>304-562-2424</u>
Representative's Name <u>Jim Clayton / Joey Combs</u>		<u>606-568-5912</u>
Address <u>3542 Tenys Valley Rd. Hurricane, WV 25526</u>		
The above organization/individual requests the use of:		
<input type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen
<input type="checkbox"/> classroom(s)	<input type="checkbox"/> other, specify _____	<input type="checkbox"/> stadium
Is the organization planning to use District-owned equipment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If yes, specify equipment _____		Operator's Name _____
Is the organization planning to conduct sales on school premises?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If yes, give a complete description of what is being sold and how the proceeds will be used. _____		
Building/school/facility <u>SMS Gym</u>		
Purpose <u>Basketball Clinic for Kids K-12 Two Sessions</u>		
Date(s) requested <u>October 28, 2017</u>		Time(s) Requested <u>11AM - 4 PM</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Will admission be charged?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>Camp Fee for child participating</u>

**When using school facilities, this organization agrees to observe the following:**

- To schedule with the building Principal the time(s) District property is to be used.** It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
- To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization.** To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
- To provide appropriate equipment for the use of District property.** When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
- To abide by the requirements of Board policies 05.3 and 05.31 (see attached).** Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
- To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.**

**Application and Agreement for Use of District Property****FEE SCHEDULE**

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians				
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>SMS</u> school				
Auditorium at _____ school				
Cafeteria - Dining Room Kitchen Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				



Signature - Representative of User Group

9-12-17

Date

\_\_\_\_\_  
Signature - Superintendent/designee\_\_\_\_\_  
Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

<b>For Office Use Only - To be Completed by School Official</b>	
Cost for use of District property \$ _____	Cost for school employee \$ _____ Total cost \$ _____
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____
Board employee(s) assigned: _____	
Board Action Date, if applicable _____ Board Order # _____	

Review/Revised:7/26/11



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/31/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Rucker Billups & Fowler P O Box 408  Huntington WV 25708		<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL</b> <b>ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Western World Ins Co	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDRESS (INSR / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>		NPP8425555	03/29/2017	03/29/2018	<b>EACH OCCURRENCE</b> \$ 1,000,000
		<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ 100,000				
		<b>MED EXP (Any one person)</b> \$ 5,000				
		<b>PERSONAL &amp; ADV INJURY</b> \$ 1,000,000				
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b> <b>OTHER:</b>				<b>GENERAL AGGREGATE</b> \$ 2,000,000	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b> <input type="checkbox"/> <b>HIRED AUTOS</b>				<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$	
					<b>BODILY INJURY (Per person)</b> \$	
					<b>BODILY INJURY (Per accident)</b> \$	
					<b>PROPERTY DAMAGE (Per accident)</b> \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>				<b>EACH OCCURRENCE</b> \$	
	<b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>				<b>AGGREGATE</b> \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b> <input type="checkbox"/> <b>Y/N</b> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			<b>PER STATUTE</b> <input type="checkbox"/> <b>OTH-ER</b> <input type="checkbox"/>	
					<b>E.I. EACH ACCIDENT</b> \$	
					<b>E.I. DISEASE - EA EMPLOYEE</b> \$	
					<b>E.I. DISEASE - POLICY LIMIT</b> \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.