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02/04/2016

Superintendent of Schools
Harvey School District 152
16001 Lincoln Ave
Harvey, IL 60426

Re: Onsite Information Table

Dear Dr. Deneen Adams,

In our ongoing effort to engage Harvey's youth in free/low cost programming the Harvey Park District request permission to host an onsite information table at each of the elementary building locations February 17th -March 25th. Each host will disseminate information about park district programs at the end of the each day from 2:00pm-3:30pm.

If you have any questions please contact the Harvey Park District at 708-331-3857.

Respectfully submitted,

Dr. Kisha E. McCaskill
Director

Community Relations

Exhibit - Application and Procedures for Use of School Facilities

To be submitted to the Superintendent

This application must be approved before a non-school related group is allowed to use school facilities. School organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. Use of school facilities for school purposes has precedence over all other uses.

<p><u>Norway Park Dist.</u></p> <p>Organization Name</p>	<p><u>All schools (day program)</u></p> <p>Requested School Facility</p>
<p><u>Dr. Kisha McCaskill or HPO</u></p> <p>Adult Supervisor from Organization (must be 21 years of age or older)</p>	<p><u>(708) 331-3857 info @ norway park dist. org</u></p> <p>Phone/email address</p>
<p><u>Distribute Program Info.</u></p> <p>Program/Activity</p>	<p><u>02-17-16 thru 03-29-16</u></p> <p>Date(s) and start/end time(s)</p>
<p><u>Table + 1-2 chairs</u></p> <p>Equipment needed</p>	<p><u>Start 2:02 pm - 3:30 pm</u></p> <p>Materials to be brought into facility</p>
<p><u>Foyer area or front area of building</u></p> <p>Room arrangement, including decorations</p>	<p><u>0</u></p> <p>Food service required</p>

1. All non-school related groups must supply adequate supervision to ensure proper care and use of school facilities.
 - The non-school related group is responsible to the Board for the use and care of the school facility. All adult supervisors must have cell phones with them at all times.
 - Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor is left alone after the activity.
 - Only the cafeteria, auditorium, gymnasium, and athletic field, along with needed hallways and parking areas, are available for community use. Entering any room or area not in use by the group is prohibited. The adult supervisor will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
 - No furniture or equipment may be moved without prior approval from the Building Principal.
 - Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls.
2. All non-school related groups must agree to:

Initial here if this is agreeable

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

[Signature] Initial here if this is agreeable

3. All non-school related groups must pay the following fees:

Rental charge (unless waived by Board policy):

Meal and beverage service (cost as determined by the cafeteria supervisor):

[Signature] Initial here if this is agreeable

4. 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 ☐ MasterCard

☐ Am Ex

Expiration date: _____ Credit Card No. _____ Today's date

Authorized amount: _____ Authorized signature: _____

5. All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an AED is used.

[Signature] Initial here if this is agreeable

6. All non-school related groups must agree to follow the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility, 4:170-AP6. 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.

[Signature] Initial here if this is agreeable

☐ 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).

[Signature] Initial here that a copy of the Plan was received and that the Applicant has read and understands the above note.

7. 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.
- KW* Initial here if this is agreeable

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.

K. McCally, Director

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

	<u>Group</u>	
	1	2
Multi-purpose (Lecture Hall, Cafeteria, and Media Center). Minimum of three hours after normal work hours only.	Free	\$17.50 Per Hour
Each additional hour	Free	\$8.75 Per Hour
Kitchen – refreshments set-up only	Free	\$12.50 Per Hour
Gymnasium – Minimum of three hours after normal work hours only.	Free	\$25.00 Per Hour
No spectators		
With spectators	Free	\$50.00 Per Hour
Land facility use	Free	Free
Custodial services	(Applies to Groups 1 and 2) Current rate for building custodian to include benefits.	
	<ol style="list-style-type: none"> 1. Starting scale for regular hours rental is \$19.25 per hour (subject to annual increase). 2. Starting scale for rental after normal work hours is \$28.75 (subject to annual increase). 	

AED Provider:

It is mandatory that District 152 arrange for a trained/certified AED provider be present at all times at the expense of the organization.



CERTIFICATE OF LIABILITY INSURANCE

HARVP-1

OP ID: BGM

DATE (MM/DD/YYYY)

05/07/2015

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).

PRODUCER The Owens Group, Inc. 19 S. LaSalle St., Suite 500 Chicago, IL 60603 Bruce Mitchell		CONTACT NAME: Bruce Mitchell PHONE (A/C, No, Ext): 312-780-1435 E-MAIL ADDRESS: bmitchell@toginsrisk.com FAX (A/C, No): 312-368-5113		
INSURED Harvey Park District 15335 S. Broadway Avenue Harvey, IL 60426		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : IPARKS		
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		0018	05/01/2015	05/01/2016	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Law Enfor \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		0018	05/01/2015	05/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance	PROOF-1
	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 	

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