

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.

C.D. La Esperanza / C.L.A.S.A.	Riley Soccer Field
Jose P Carbajal	708-774-3834 jtono56@gmail.com
Summer 2017 CUASA League	April 11 to October 29 Practices Tues-Thurs: 6-9 Games Fri-Sat: 3-9 Sun: 11-5pm biweekly
None	Soccer mini goals, goal nets, cones, corner flags, balls, porta-toilet
None	None

- 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.
- 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

Board Approved October 2012

MAY 23 11 01 AM '12

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

- sc* 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):

- _____ 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.

- sc* 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.

- sc* 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).

sc 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.

JS 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.

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2017

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 have ADDITIONAL INSURED provisions or 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 Des Champs, Gregory and Hayes, Inc 1812 Manatee Ave., W. Bradenton, FL 34205 www.deschampsgregory.com	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">CONTACT NAME:</td> <td></td> <td style="font-size: small;">FAX (A/C, No):</td> <td></td> </tr> <tr> <td style="font-size: small;">PHONE (A/C, No, Ext):</td> <td>941-748-1812</td> <td style="font-size: small;">E-MAIL ADDRESS:</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td colspan="2" style="text-align: center;">NAIC #</td> </tr> <tr> <td colspan="2">INSURER A: Scottsdale Insurance Co.</td> <td colspan="2">41297</td> </tr> <tr> <td colspan="2">INSURER B: Nationwide Life Insurance Company</td> <td colspan="2">66669</td> </tr> <tr> <td colspan="2">INSURER C:</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">INSURER D:</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">INSURER E:</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">INSURER F:</td> <td colspan="2"></td> </tr> </table>	CONTACT NAME:		FAX (A/C, No):		PHONE (A/C, No, Ext):	941-748-1812	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		NAIC #		INSURER A: Scottsdale Insurance Co.		41297		INSURER B: Nationwide Life Insurance Company		66669		INSURER C:				INSURER D:				INSURER E:				INSURER F:			
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COVERAGES **CERTIFICATE NUMBER: 35280199** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participant Legal GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:			KRS0000006212300	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ None PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			KRS0000006212300	9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XKS0000006212500	9/1/2016	9/1/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident			6ASPX273626-00	9/1/2016	9/1/2017	Participant \$5,000 max Accident \$400 ded.

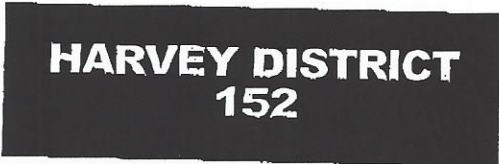
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All ISSA/USASA Affiliated Soccer Leagues/teams
 All ISSA/USASA Affiliated Soccer Leagues/teams
 Certificate Holder is Additional Insured as pertains to sanctioned games/practices of the named Insured
 Its Member National Affiliates, Leagues or Member Teams.
 The effective date of coverage for the Affiliates, Leagues & Teams shown is the date they were accepted as a member of USASA.

CERTIFICATE HOLDER All ISSA/USASA Affiliated teams School District 152 Reiley School 1600 Lincoln Ave Harvey IL 60426	CANCELLATION 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 Scott Lunsford
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HOLMES ELEMENTARY SCHOOL
16000 CARSE AVENUE, HARVEY, IL 60426
P: 708-333-2440
F: 708-225-9511



Fax

To: Nicole Wright From: R. Carbajal, Holmes
 Fax: 708-333-0349 Pages: _____
 Phone: 708-333-0300 Date: 4/28/17
 Re: Permission to use field - cc: Soccer Club
 Urgent For Review Please Comment Please Reply Please Recycle

Here is the Certificate of Insurance for the soccer club that is requesting to use the field. Thank you again for all your help !!

R. Carbajal

CONFIDENTIALITY NOTICE: This message and any attachments are confidential and may contained privileged information, including FERPA protected information. If you are not the named recipient of this message, please immediately alert the sender and destroy this message and its attachments without disclosing the contents to anyone or using them for any purpose.