

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.

THORNTON TOWNSHIP H.S.

Organization Name

WANDA RUSSELL / JEFF HAYNES

Adult Supervisor from Organization (must be 21 years of age or older)

VOLLEYBALL + ATHLETICS / BASKETBALL

Program/Activity

VOLLEYBALL EQUIPMENT ABILITY TO LOWER NETS

Equipment needed

BROOKS JR HIGH GYMNASIUM

Requested School Facility

708 225-4113 / RUSSELL, WANDA @ DISTRICT 205.NET

Phone/email address

10:00AM - 6:00PM
JUNE 3RD, 2019 → AUG 2ND, 2019
Date(s) and start/end time(s) NO FRIDAYS

PRACTICE BALLS

Materials to be brought into facility

Room arrangement, including decorations

NO
Food service required

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.

_____ Initial here if this is agreeable
2. 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

TWO SECURITY OFFICERS WILL BE ON SITE WHEN IN
IND. (ITEM NO & INATE)

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

_____ 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.

_____ 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.

_____ 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).

_____ 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.
- WR* 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

THORNTON TOWNSHIP HIGH SCHOOL



TIMES REQUESTED FOR GWENDOLYN BROOKS' GYMNASIUM

Monday June 6th thru Friday June 31st

No Weekend Activities

10:30 am – 5:30 pm

***In General, it will be Boys Basketball followed
by Girls Basketball. We will provide a more
specific schedule in the coming days.***

***Please contact Jeff Haynes (Athletic Director) or
Erin Wright (Asst. A. D.)***

708 225 4125/ 4122 - office

Haynes.jeffrey@district205.net

Wright.erin@district205.net



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/11/2018

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 Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Tyler MacKenzie PHONE (A/C, No, Ext): 630-694-5165 FAX (A/C, No): 630-285-4062 E-MAIL ADDRESS: tyler_mackenzie@ajg.com														
INSURED Thornton Twp High School District 205 465 E. 170th Street South Holland, IL 60473	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Collective Liability Insurance Cooperative</td><td></td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Collective Liability Insurance Cooperative		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 535093908**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 INSD	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"/> Per District Agg GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CLICCG2018	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Included \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A					PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
*Collective Liability Insurance Cooperative Reinsurer - Great American Insurance Company (NAIC #16691)

Additional Insured status provided herein afforded by CLIC CG2028 0413, CLIC CG2012 0413, CLIC CG2013 0413, CLIC CG2026 0413, CLIC CG2015 0413 and/or CA CLIC 0715 when applicable.
Harvey Park District is shown as additional insured solely as respects the General Liability coverage evidenced herein regarding the use of facilities by the Named Insured during the policy period.

CERTIFICATE HOLDER**CANCELLATION**

Harvey Park District
15335 Broadway Ave
Harvey IL 60426

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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<p><u>Thornton Township Hs</u> Organization Name</p> <p><u>Wanda, Russell / Neff Haynes</u> Adult Supervisor from Organization (must be 21 years of age or older)</p> <p><u>Athletics / Cheer Dance</u> Program/Activity</p> <p><u>lights</u> Equipment needed</p> <p>_____ Room arrangement, including decorations</p>	<p><u>Brooks JR High @ Lunch Room</u> Requested School Facility</p> <p><u>708 Russell. Wanda @</u> 225-4113 District 205-Wet Phone/email address</p> <p><u>8am - 4pm</u> <u>June 4th, 2019 Aug 2nd 2019</u> Date(s) and start/end time(s) <u>NO FRIDAYS</u></p> <p><u>Speaker, TUMBLING MATS</u> Materials to be brought into facility</p> <p><u>NO</u> Food service required</p>
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 - 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.

_____ Initial here if this is agreeable
2. 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

Two Security Officers will be on site when in use.
11 am. 12. 1 pm. 1 o.

- 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.
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school property.

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- 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

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: _____

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Initial here if this is agreeable

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 - Ensure that each designated emergency responder knows the location of first aid equipment and any AED.

Procedures

	<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.

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.



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DATE (MM/DD/YYYY)

9/11/2018

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PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	CONTACT NAME: Tyler MacKenzie	FAX (A/C, No): 630-285-4062	
	PHONE (A/C, No, Ext): 630-694-5165	E-MAIL ADDRESS: tyler_mackenzie@ajg.com	
INSURED Thornton Twp High School District 205 465 E. 170th Street South Holland, IL 60473	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Collective Liability Insurance Cooperative		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

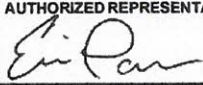
COVERAGES **CERTIFICATE NUMBER:** 535093908 **REVISION NUMBER:**

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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Additional Insured status provided herein afforded by CLIC CG2028 0413, CLIC CG2012 0413, CLIC CG2013 0413, CLIC CG2026 0413, CLIC CG2015 0413 and/or CA CLIC 0715 when applicable.
Harvey Park District is shown as additional insured solely as respects the General Liability coverage evidenced herein regarding the use of facilities by the Named Insured during the policy period.

CERTIFICATE HOLDER Harvey Park District 15335 Broadway 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 
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CLIC Certificate Request

Question: Call Tyler Mackenzie at (630) 694-5165

Fax Tyler Mackenzie
or Fax# (630) 285-4062
E-mail: tyler_mackenzie@ajg.com

Request Date: June 4, 2019

Requested by: William J. Garrett

Certificates will be issued within 24 hours of
received date

District Name & #: Thornton Township High School D205

District E-mail addresses of any district personnel to
receive a copy:

garrett.william@district205.com

Name & Address of Certificate Holder:

Harvey School District 152

16001 Lincoln Ae Harvey Il, 606426

Fax or E-mail address of Certificate Holder
to send direct:

(Either a Fax or E-mail address is required to issue the certificate directly)

- Certificate Purpose: ☒ Use of Facilities (ex. Field trip or event at a non-district location) - Please list
specific info to the use of facilities as indicated below
- ☐ Student Work Program
- ☐ Equipment Lease/Finance (include amount of leased/financed equipment)
- ☐ Vehicle Lease/Finance (include VIN's of leased/financed vehicles & total amount)
- ☐ Bus Licensing with Secretary of State (include VIN's of buses being licensed)
- ☐ Other - Business Relationship with Entity requiring Certificate:

If this is for an event, please state type of event, location, and date. This space can also be used for
equipment or vehicle information as referenced above.

Use of Facilities during summer

Should this certificate be issued again at policy renewal (July 1st)?

Yes ☒

No ☐

If Specific Info provided by Certificate Requestor:

Additional Insured Requested (applies to Liability only)

Yes ☐

No ☐

Loss Payee Requested (applies to Property only)

Yes ☐

No ☐