

### 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.

<u>Blue Angels Flag+Drill Team</u> Organization Name	<u>Whittier Sch.</u> Requested School Facility
<u>Ald. Donald Nesbit</u> Adult Supervisor from Organization (must be 21 years of age or older)	<u>(708) 439-1962</u> Phone/email address
<u>Dance/Flag Team</u> Program/Activity	<u>June 10, 11, 12 + 13<sup>th</sup> 2013</u> Date(s) and start/end time(s)
<u>Electricity</u> Equipment needed	<u>Sound System</u> Materials to be brought into facility
<u>_____</u> Room arrangement, including decorations	<u>No</u> Food service required

- 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:
 

DN 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

Dr. Initial here if this is agreeable

3. All non-school related groups must pay the following fees:  
Rental charge (unless waived by Board policy): Requesting waiver of fees  
Meal and beverage service (cost as determined by the cafeteria supervisor):  
Dr. 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.  
Dr. 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.
- DN* 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**

**HEARTSAVER CPR AED**

Heartsaver®  
CPR AED



Marandia Bledsoe

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those **NOT** marked out:

Child CPR AED	Infant CPR	Written test
April 2012		April 2014
Issue Date		Recommended Renewal Date

**HEARTSAVER CPR AED**

Training Center Name Training Concepts, Inc. TC ID # 15209

TC Info South Holland, IL 60473 708.596.3155

Course Location Harvey SD 152

Instructor Name Marcia Bosma Inst ID # 06110026063

Holder's Signature

**HEARTSAVER CPR AED**

Heartsaver<sup>®</sup>  
CPR AED



Latoya Ware

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~~Infant CPR~~

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Course  
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Instructor Inst. ID #  
Name Marcia Bosma 06110026063

Holder's Signature *Katoya Ware*

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1813



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
3/08/2013

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> Chicago Commercial Lines HUB International Midwest Limited 55 East Jackson Boulevard Chicago, IL 60604	<b>CONTACT NAME:</b> Amber Chavin <b>PHONE (A/C, No, Ext):</b> 312 279-4638 <b>FAX (A/C, No):</b> 866 714-2419 <b>E-MAIL ADDRESS:</b> Amber.Chavin@hubinternational.com														
<b>INSURED</b> Blue Angels Flag & Drill Team 15133 Ashland Ave Harvey, IL 60426	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A : West Bend Mutual Insurance Comp</td> <td>15350</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 : West Bend Mutual Insurance Comp	15350	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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 <input checked="" type="checkbox"/> PD Ded:250 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			NSD106886304	03/01/2013	03/01/2014	EACH OCCURRENCE      \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ 100,000 MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ 1,000,000 GENERAL AGGREGATE      \$ 2,000,000 PRODUCTS - COM/OP AGG      \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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      RETENTION \$						EACH OCCURRENCE      \$ AGGREGATE      \$ \$ WC STATU-TORY LIMITS      OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?      Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			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)  
**The Certificate Holder is included as an additional insureds under Commercial General Liability, when agreed in a written contract, subject to policy terms, conditions and exclusions.**

<b>CERTIFICATE HOLDER</b>  Harvey School District 152 16001 Lincoln Ave Harvey, IL 60426	<b>CANCELLATION</b>  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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