

## S.V.C.C. SCHOOL DISTRICT #99 JOHN F. KENNEDY SCHOOL www.sv99.org 999 N. Strong Ave., Spring Valley, IL 61362 Phone (815) 664-4601 (Kennedy Office)

	Spring Valle	y Elemen	tary District #9	9 Facility Us	e Agreement
Name of Person in Re	sponsible:		Cell	#:	<del></del>
Group/Organization:_			Date(s)/Time(s) of Request:		
Facility Area Requeste	ed:		Purpose:		
Charge Fee for Partici	pants: Ac	lmission Fee	e: Spring Vall	ey Participants SV	/#/total
Concessions/Items So					
District #99 facilit	ies may availah	ole to local	community mem	bers under the	following conditions:
<ul> <li>All school &amp; school-</li> </ul>	related activities ta	ake precedenc	ce.		
<ul> <li>If school activities a</li> </ul>	ire cancelled due to	safety concer	rns the building is clos	ed.	
_		_	groups with >50% JFk		granted use at no cost.
_	-		shall pay applicable fee		
-	-		ital of school facilities	when determined	the rental would not be in the
best interest of the			district conduct rules	0 nolisios et ell t	imaa Alaahal tahaasa duus
			operty is strictly prohi		times. Alcohol, tobacco, drugs
	,	-	he cost of a custodian i		o clean.
<ul> <li>Proof of food service</li> </ul>	-				, 0.00
		•		or, any damages or	repairs. Certificate of liability
insurance <u>must</u> be a	attached for non-di	strict entities	. Contact District Repre	esentative immedia	tely if an issue arises.
<ul> <li>Additional costs, su</li> </ul>	ch as custodians, s	apervision, po	olice, or others will be t	the responsibility o	f the group.
		_	=		te sports safety training and
					t you have complied with al
			quirements. AED & Fir		
The renter is response.	asible for the super	Vision of thos	se using the facilities to	ensure compilance	e with District policies.
Rates (if applicabl	le – Please read	l the above	guidelines)		
Gymnasium			Outdoor Facilities	Donation to	) District
\$20 per hour/session		ır/session			
					generated. Documentation of
receipts and disbursem					'
Legal/Financial Lia	ability				
The renter agrees to as	ssume responsibili	ty for damag	e or liability of any kir	nd & further agrees	s to hold District 99 harmles:
from any expense or co	osts in connection	with the use	of the District 99 facil	ities. District 99 re	equires the renter to furnish a
	-		\$1,000,000 combined	single limit bodily	injury/property damage and
naming District 99 as ar	n additional insured	<b>1</b> .			
HOLD HARMLESS		, ,			
•	•		•		strict from any and all claims
_		_	_		The Organization further mus s use of the facilities. As used
_		_	_	_	employees in their official and
					ought against the District, the
		-			y, including, but not limited to
personal injury, death o	or property damage	e; and (3) the	term "loss" includes an	ıy money expended	by the District as a result of a
claim, including the Di	strict's reasonable	attorney's fe	es incurred in respons	se to a claim. I fur	ther warrant that I have been
duly authorized and hav			•		
_	_				verning the use of District 99
					ty. I have read and understand
the regulations. Appl	icant Signature:			Date:	
Office Use Only —					
Date Received:					rd: Y N

Administrator Approval: \_\_\_\_\_\_ Date: \_\_\_\_\_