

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>THORNTON TOWNSHIP</u> Organization Name	<u>Fields</u> Requested School Facility
<u>LARRY LAWRENCE</u> Adult Supervisor from Organization (must be 21 years of age or older)	<u>(708) 917-1002</u> Phone/email address
<u>SUMMER ENRICHMENT PROGRAM</u> Program/Activity	<u>6/15/15 9:00 AM / 3:00 PM</u> Date(s) and start/end time(s)
<u>NONE</u> Equipment needed	<u>SPORTS, GAMES & LITERATURE</u> Materials to be brought into facility
<u>NONE</u> Room arrangement, including decorations	<u>NONE</u> 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.
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

MAY 15 2012

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:

LL

Initial here if this is agreeable Insurance provider name and contact number

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.

LL 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.

LL 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.
~~Initial~~ 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**

RX Date/Time

14:53 THORNTON TOWNSHIP-RIVERDALE

RX Date/Time

06/09/2015 02:37

06/09/2015

14:39

7087550026

MARKS & COMPANY

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/09/2015

PRODUCER

MARKS & COMPANY

311 S. Halsted Street

Chicago Heights, IL 60411
P: 708-755-7050

P: 708-755-5270 F: 708-755-0026

INSURED

Thornton Township

333 E. 162nd St.

South Holland

IL 60473-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: ILLINOIS COUNTIES RISK MANAGEMENT TRUST

INSURER B:

INSURER 0:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE
GENERAL LIABILITY		

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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"/> Deductible: \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG	ICRMT2015240	12/01/2014	12/01/2015	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> 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) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 1,000,000	ICRMT2015240	12/01/2014	12/01/2015	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STAT. <input type="checkbox"/> OTH- TORY LIMITS <input type="checkbox"/> ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS:

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RE: USE OF FIELD SCHOOL FOR SUMMER ENRICHMENT PROGRAM-JUNE 13 THROUGH AUGUST 6 2015.

CERTIFICATE HOLDER

☐ ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

SCHOOL DISTRICT 152

18001 SOUTH LINCOLN AVENUE
HARLEM

HARVEY

IL 60426-

ACORD 25-9 (7/97)

ACORD CORPORATION 1988

06/09/2015 TUE 14:07 [TX/RX NO 6788] 001