

KGAB-AR-1 Adopted: April/2003 Revised: April 2011

THIS FORM TO BE COMPLETED BY PHS FACILITY COORDINATOR ONLY

REDUCED FEES APPLICATION

(This application is valid for one school year only. You must reapply each year.)

Contact:	Maury Hippenst	eil	Ph	one: 503-320-5924	
Date of A	Application: 9/5	/2017 D	ate(s) of event:	Mondays All Year	5:30-9:30 17-1
Purpose	of Use: Jazz Ba	and Express Practice S	essions		
supportis		must meet the criterion (see criteria below tm.			
CRITER	Group must of Parkrose com	n, entry, or other arged to	ap† □ Att	tach a copy of consulticable) tach a current list of the combers with addresulticable)	f
UOTED FE	EES		CUSTON	AER PROPOSEI	FEES
FACILITY I EQUIPMEN TECH SERV THEATER I CUSTODIAL	T FEES VICE FEES FEES	\$_1326.00 \$\$ \$\$ \$_ZERO \$_1326.00	- EQUIP - TECH - THEAT - CUSTO	ITY FEES MENT FEES SERVICE FEES TER FEES DIAL FEES RENTAL FEES	\$ ZERO \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ ZERO
		r Terms (if applicable):			

Printer Att		The second of	TACTES	Administra	12.4
his secti	ION TO DO	commetec	DU PSI	Administra	HION'

PSD ADMINISTRATION APPROVED FEES	
- FACILITY FEES \$ EQUIPMENT FEES \$	
- TECH SERVICE FEES \$	
- THEATER FEES \$ CUSTODIAL FEES \$	
2	
TOTAL RENTAL FEES \$	
Approved Denied : Marie Principal/Designed Signature	Date: 9.11.17
Administration Recommendation & Comments:	
Euperintendent Signature	Date 9 1 17
plase appuve	

BOARD	ACTION:
Anneoved	☐ Denied ☐

Parkrose HIGH SCHOOL Facilities Use Application

"Parkrose Community Groups/Non-Profit Organizations"

	*		treet - Portland, Oregon 9722	U — rax (3	03) 408-2739	
l'oday's Date:	Sept. 5, 2	017	For Office Use Only Received by:		D	ite:
Organization: J	azz Expres	is Big Band		Non-Prof	it Tax ID#:	
	naury Hip		Phone:	<u> ব০</u> 3-	320-5	924
mail;	m-associa	ites & come	ast, net	11176		
ddress P	0.0, Box 32	1	city Gresham	State 6	OR	Zip 97030
Date(s)	Day of week	Facility	Access Time - Exit T	îme	Expected	Attendance
(26)	monday	Band Room	5/30Pm - 9:30	PM	17	
see	altached sch	edule				
acility Fees:						
Student Center		x = \$	[] Gym <i>(2hrs)</i>	\$ 51.0	0 x = \$	
*Kitchen (4hrs)	2004.00	x=\$		\$ 26.0	0 x= \$_	
, ,		x_ = \$			0 x = \$_	
Community Ro			[] Dance Room (4/1/3)		0 x = \$	
Student Courty:	ard (4hrs) \$102.00	x= \$	[] Locker Room (each/4hrs)	\$ 20.0		
Band Room (4h	irs) \$ 51.00	x 26=5 / 326-	[] Tennis Courts (4 courts/2hr	s) \$ 51.0	0 X	
Choir Room (4)	hrs) \$ 26.00		[] Track (p/hr)		0 x= \$_	
Classroom (4hr	s) \$ 26.00	x = \$	[] Football Field (2hrs)		0 x =	
Library (p/hr)	\$ 51.00	x = \$	[] Baseball Field (2hrs)	\$ 51.0	$0 \times _{-} = $ \$_	
West Parking I.			[] Upper Soccer Field (2hrs)	\$ 51.0	0 x =	
Pool (up to 25 p	. ,		NE Soccer Complex (2hrs)			
			[] Softhall Field (2hrs)	\$ 51.0		
Pool (swim mee	District (DCD) Museida	n Comion Staff may be sel	eduled for all Kitchen use at \$			
arkrose school	District (PSD) Marito	n service sing may be sen we findicated in parenthes	is). PSD will not invoice on the	e half, qu	arter, or parti	al units.
		se Innuciaen in buscamen	My 155 Million Million	30.30		
quipment F		x∞ = :	[] Gym Floor Cover		\$204.00	r =
Podium *	\$ 6.00 \$ 11.00		Field Lights (per hr)		\$ 51,00	
Microphone * TV/VCR/DVD			Volleyball Net (3 nets/p use)	\$ 51.00	
Choral Risers	\$102.00		[] Lining Baseball Field	WI.	\$ 51.00	x =
Sound System*			∏ Initial Set up & Lining Soco	er Field	\$255.00	x =
Chairs (p/chair,			Lining Soccer Field (mainte		\$102.00	x=
Tables (p/table)) x =	[] Initial Set up & Lining Foot	ball Field		×=
Bleachers (1 sie) x =	[] Lining Football Field (main	tenance)	30.41 (0.04 (x=
Swim Scorebos	ord (n/use) \$102.00) x =	[] Scoreboard		\$ 26.00	X=
Tech Service - t	Sustamer to be charved	\$31.00 per hour for those	events requiring technology a	ssistance.		
* All Parkrose S	chools have public Wi-	Fi throughout, Please prov	ride your own technology & eq	mipment.		
atering/Foo	d Requirements					
All Catering the	ould be contracted thru	Parkrose Nutrition Service	s (503-408-2122). Administra	tor approv	al required if	you are not using
arkrose Nutrition	n Services. Additionally	, a Parkrose Nutrition Ser-	vices employee may be require	ed for any	kitchen use at	a rate of \$26.00 p/h
All food must b	e consumed and served	in the PSD Facilities desig	gnated areas.			
heater Rent	als:					
Date(s)	Day(s) of week	PACKAGE(s)	Access Time - Exit T	'ime	Expecte	d Attendance
1		1				

Theater Packages** & Fees:

PACKAGE "A" This package includes: Stage to mid-stage curtain (26' of depth), use of front cu	rtain, up to 4 microphones, 4 stage monitor speakers, house CD
player(s), up to 8 standard lighting cues, 1 A/V component set-up, theater super	visor w/I crew member.
	nal Hour beyond 4 \$ 204.00 x = \$ nal Hour beyond 8 \$ 255.00 x = \$
[] 8 Hours \$1122.00 x = \$ [] Addition	nal Hour beyond 8 \$ 255.00 x = \$
PACKAGE "B" This package includes: All of Package "A", full stage to up-stage curtain (44' o standard lighting cues, up to 3 rigging moves, access to dressing/make-up room	s, theater supervisor w/2 crew members.
[] 8 Hours \$1250.00 x = \$ [] Addition	nal Hour beyond 8 \$ 281.00 x = \$
PACKAGE "C" This package includes: All of Packages "A" & "B", full access to lighting and s and/or A/V cues, up to 10 rigging moves, theater supervisor w/3 crew.	ound system inventories, up to 150 lighting cues, up to 40 sound nal Hour beyond 8 \$ 306.00 x = \$
[] 8 Hours \$1377.00 x = \$ [] Addition	nai Hour beyond a 5 500.00 x = 5
LOAD-IN / LOAD-OUT PACKAGES Load-In / Load Out packages include: The load-in or load-out of your equipment operation or cueing. [] 4 Hours \$ 510.00 x = \$ [] 8 Hours \$ 765.00 x = \$	nt, access to facilities based on above details, theater supervisor,
Additional Theatre Equipment Fees:	
	ce Floor \$225.00 x*
	ral Risers \$102.00 x =
[] Vocal/Instrumental Microphone \$ 8.00 x = [] Proj [] Wireless Microphone \$ 51.00 x = [] Mus	ic Stands (p/stand) \$ 3.00 x =
	co Projector \$153.00 x =
Monday - Friday, operating hours Saturdays - 7:30am-3:00pm = \$29.00 p/hour Sundays - 8 ll hours & after operating hours When renting the THEATRE, Custodial Fees are included in the Theater pace "**Custodial fees may not be charged if a custodian is already on duty. Cleanis the renter. \$36 per hour fee applies if the spaces rented aren't left the way you duties. Large events will require custodial fees. Facilities Coordinator will complete this section: \$29.00 x number of hours needed = \$ \$36.00 x number of hours needed = \$	g/set-up and break-down will then become the responsibility of ound them and/or renter pulls the custodian away from his/her
- Facility Fees \$_/32C -	
- Equipment Fees S	*10% (\$100 minimum) Refundable deposit if event
- Technology Service Fees \$	cancelled within 60 days of rental date ** 50% of remaining deposit due 60days prior to event
- Theater Fees \$	date
- Custodial Fees \$	***Remaining deposit due 2 weeks prior to event date *** Payment methods: Cash, Check, Cashiers Check – Credit Card Payments must be done in
Total Rental Fees \$ / 326 -	person
Total Rental Fees \$\frac{1326}{}	
	9/11/12
Completed by: Facilities Coordinator	DATE 7/11/1/
/(//	and for the control of the Dayloness Coheat District we seem
I/we understand the above fees. If my application is accepted for the requite meet all contractual, insurance, deposit and payment requirements durit conduct of the audience in and about the building and for any damages bey property in regards to our use and occupancy thereof. I/we agree that Distregulations of the Board of Educations (See Policy KGAA).	ig the agreement period. I/we agree to be responsible for the ond ordinary wear and tear, which occurs to this District
Organization or Individual Signature Manual Company	Date 9-5-17

 Individe verify instead 	uals or organizations that use school facilities under Board Policy must complete the Hold Harmless Statement and will be required to surrance coverage before final authorization is granted.
	Facilities Coordinator Signature Received Proof of Insurance: Hold Harmless Agreement
harmless costs, los arising or "Organiz upon the	agrees to indemnify, hold and defend the District, its board members, agents, employees and volunteers from and against any and all liabilities, damages, actions, ses, claims and expenses (including attorney fees), on account of personal injury, death or damage to or loss of property or profits at of or resulting in whole or in part from any act, omission, negligence, fault or violation of law or ordinance by "Organization" or ation's" employees, agents, volunteers, subcontractors, speakers, exhibitors, event participants or invitees or any other person entering premises with the implied or express permission of "Organization". Such indemnification by "Organization" shall apply unless such or injury results from the sole negligence or willful misconduct of the District.
bu	ganization or Individual Signature Date
	Insurance Requirements
occurring \$2,000,0	cial General Liability insurance endorsement providing coverage against claims for bodily injury or death and property damage is in or upon or resulting from the facilities licensed hereunder, such insurance to offer immediate protection to the limit of no less than 00 and such insurance shall include Blanket Contractual Liability coverage which insures contractual liability under the indemnification rkrose School District #3 by Licensee as set forth below.
1.	Licensee shall maiutain a policy endorsed to include the Parkrose School District, Parkrose Elementary School, school board members, agents, employees and volunteers as additional insured's as respects to the Organizations use of District facilities. Said insurance must be primary to and non-contributory with any insurance carried by the District and include waiver of subrogation in favor of the District, its board members, agents, employees and volunteers.
2.	Licensee agrees to provide all required certificates of insurance to the Parkrose School District at least fifteen (15) calendar days prior to the time of occupancy.
3.	The parties agree that the specified coverage of limits if insurance in no way limit the liability of the licensee.
4,	Licensee shall provide a Certificate of Insurance containing a notice of cancellation clause not less than 30 days prior to cancellation or non-renewal of any such policy.
l.	Laws - Rules - Regulations All agents and employees connected with Licensee's use of the facility shall abide by, conform to and comply with all laws of the United States and the State of Oregon and all ordinances of the City of Portland, Oregon, and the rules and regulations of Parkrose School District, together with all rules and regulations of the Bureau of Police of the City of Portland.
2,	The use of all tobacco, inhalants, alcoholic beverages and controlled substances are strictly prohibited in or on Parkrose School District property. Possession of firearms or dangerous weapons in or on the premises is strictly prohibited by ORS 166,370.
3.	All security services including peer group security desired by Licensec shall be arranged for by special agreement with the Parkrose School District and shall be paid for by the Licensee.
4.	The Parkrose School District shall have the sole right to collect and have custody of articles left in the building.
5.	Any decision affecting any matter not herein expressly provided for shall rest solely within the discretion of the Parkrose School District.
6.	A person operating a school-age recorded program may not operate the program without performing criminal background checks for all staff and volunteers and becoming recorded with the Office of Child Care. (Oregon Law 329A.257)
Application Application All rent Facilit Administration Any for Any for Application App	yment and proof of insurance must be received prior to use of any facility. ation must be completed and turned in 30 days prior to rental date for consideration of reduced fees. Religious based organizations are from receiving reduced fees due to Federal Law. tals are subject to availability, please check with the building administrator. Classrooms may not be rected during leacher contract hours as may be rented on non-school days with administrator approval but paperwork may not be accepted and processed on non-school days rators and secretaries get a summer break. Please be sure facility applications for use during the summer or fall are submitted prior to the chischool year. The profit video or audio recording on District property must be Superintendent approved. Superintendent Signuture/Date: The profit video or audio recording on District property must be Superintendent approved. Superintendent Signuture/Date: The profit video or audio recording on District property must be Superintendent approved. Superintendent Signuture/Date: The profit video or audio recording on District property must be Superintendent approved. Superintendent Signuture/Date:
stny late. called to	Individuals or Organizations are also subject to any charges incurred by the outside agency overseeing PSD's security, should they be the site.
and reg	ce and understand ALL of the above. We agree that said school property will be used in accordance with the rules ulations of the Board of Education.
	ation or Individual Mars Adam Position of Responsibility Band Director Signature
Organiza	ation or Individual Address PD Box 321 City Gres Cargate Of Zip 97030
Building	Principal Signature: Moule 9.11-17

Jazz Express Rehearsal Schedule 09/01/2017 – 08/31/2018

Sept. 11	March 5
25	19
Oct. 9 16	April 2 16 30
Nov. 6	May 7
20	21
Dec. 4 18	June 4
Jan. 8 22	July 2 16 30
Feb. 5	Aug. 13
12	27



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/5/2017

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(les) 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).

PRODUCER Arends Insurance Agency Inc 55 E Powell Blvd		CONTACT NAME:				
		PHONE (A/C No Ext) 503-665-4149 (A/C No)503-6	65-4151			
		ADDRESS carends@oregoninsurance.net				
Gresh	am, OR 97030	INSURER(S) AFFORDING COVERAGE				
		INSURER A: CBIC				
NSURED	GM & ASSOCIATES, INC.	INSURER B: Farmers Insurance Company of Oregon				
	dba: GM Contractors, Inc.	INSURER C Navigators Insurance Company				
	PO BOX 321	INSURER D:				
	GRESHAM, OR 97030	INSURER É				
	E02-220-E024	MOURER				

COVERAGES

CERTIFICATE 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.

NSA	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYY)	(MM/DD/YYYY)	LIMIT	8
LIN	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	Man Hive				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE X OCCUR	1 1				MED EXP (Any one person)	\$ 5,000
A	Juliano minor [22] octori	3	D11PH8574	05/18/2017	05/18/2018	PERSONAL & ADV INJURY	\$ 1,000,000
n		1	D22233077			GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	POLICY X PRO-					CONTRACTOR MANAGEMENT	\$
_	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s 100,000
	ANYAUTO			09/04/2017	03/04/2018	BODILY INJURY (Per person)	\$ 100,000
_	ALL OWNED SCHEDULED		194299972	03/04/201/	03/04/2010	BODILY INJURY (Per accident)	\$ 300,000
В	NON-OWNED					PROPERTY DAMAGE (Per accident)	\$ 100,00
	X HIRED AUTOS X AUTOS						\$
-	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	5
	DED RETENTIONS						\$
_	WORKERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			1		E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A				E.L. DISEASE - EA EMPLOYE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - POLICY LIMIT	\$
С	Oregon Bond		36-BC025965	04/20/2017	04/20/2018	20,000	

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

CERI	FICATE	HOLDER	_

Parkrose School District Parkrose High School 12003 NE Shaver Street Portland, OR 97220 503-408-2600

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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