

HICKSVILLE PUBLIC SCHOOLS
Application for Use of School Facilities

Submit this completed application to: Hicksville UFSD, Facilities and Operations, Administration Building, 200 Division Avenue, Hicksville, NY 11801 4800.

1. The (name of organization) _____ requests the use of (room/s) _____ at (School) _____ on (list all dates, hours and nature of activity) _____

2. List all special preparations needed. (i.e. TV, VCR, projectors, chairs, tables, etc.)

3. Names, addresses, and home phone numbers of three adults who are directly responsible for group and will be in attendance.

Name Address Telephone

Name Address Telephone

Name Address Telephone

4. The group will be approximately _____ Adults and _____ Minors.

5. Will admission be charged? _____ YES _____ NO If yes, Amount _____

Will any fees be charged? _____ YES _____ NO If yes, Amount _____

Will any goods or services be sold? _____ YES _____ NO

Describe: _____

Proceeds will be used for: _____

6. Checks should be made payable to Hicksville Union Free School District.

WAIVER OF FEE REQUESTED _____ YES* _____ NO _____ N/A

*If yes, submit a letter with this application describing all the details of the function, including a financial report.

7. _____ (name of organization) does hereby covenant and agree to defend, indemnify and hold harmless the Hicksville UFSD from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the District's property, facilities and/or services by _____ (name of organization) and/or the activities, functions, events, affairs, or proceeding of (name of organization)

8. We have read the attached regulations and agree that our organization will abide by them and will accept pursuant financial responsibility. We further certify that a majority of the users of the facility under this application are residents of Hicksville UFSD.

Date

Signature

Phone

Address to which Permit should be sent

INSURANCE AGREEMENT – USE OF FACILITIES

I. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the holder of the permit hereby agrees to effectuate the naming of the district as an unrestricted additional insured on the permittee’s insurance policies, with the exception of worker’s compensation.

II. The policy naming the district an additional insured shall:

- be an insurance policy from an A.M. Best-rated “secured,” New-York-State-admitted insurer;
- provide for 30 days’ notice of cancellation; with a copy of such notice, if any, provided to the district;
- state that the organization’s coverage shall be primary coverage for the district, its Board, employees and volunteers.

III. The permittee agrees to indemnify the district for any applicable deductibles.

IV. Required Insurance:

Commercial General Liability Insurance
\$1,000,00 per occurrence/\$2,000,00 aggregate

V. The permittee acknowledges that failure to obtain such insurance on behalf of the district constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the district. The permittee is to provide the district with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of use of the facilities.

Permit Holder (Name and Title)

Date

Director of Facilities and Operations

Date

Board Approval Date: May 21, 1996
Revised: November 19, 2003
Revised: May 18, 2010