

# APPLICATION FOR USE OF BUILDINGS AND FACILITIES

School District of Hatboro-Horsham  
229 Meetinghouse Road, Horsham, PA 19044

<b>DATE RECEIVED</b>	
<b>CK. NO. / AMT. FULL OR PARTIAL PAYMENT</b>	
<b>RENTAL FEE</b>	
<b>CUSTODIAL FEE</b>	
<b>LIFEGUARD FEE</b>	
<b>OTHER (please provide details)</b>	
<b>TOTAL AMOUNT DUE</b>	

CHECK PAYMENTS FOR FACILITY USE ARE TO BE MADE PAYABLE TO 'HATBORO-HORSHAM SCHOOL DISTRICT' AND SENT TO THE FACILITY COORDINATOR AT THAT SCHOOL BUILDING PRIOR TO THE DATE OF YOUR ACTIVITY OR EVENT.

\_\_\_\_\_  
Name of Organization (Please Print) Date

\_\_\_\_\_  
Address of Organization

**The undersigned hereby makes application for use of school facilities as follows:**

\_\_\_\_\_  
Name of School Part of Building/Facility Requested

\_\_\_\_\_  
Date(s) Desired Hour(s) Desired Number of Expected Attendees

Purpose of Requested Use: \_\_\_\_\_

Will you be charging admission taking a collection or conducting a fund raising activity? Yes \_\_\_\_\_ No \_\_\_\_\_

What percentage of participants in your organization are Hatboro-Horsham Students? \_\_\_\_\_

Check equipment that will be needed. (Additional charges will be made for personnel assigned to operate certain equipment.)

\_\_\_\_\_ Sound System      \_\_\_\_\_ Stage Lighting Systems      \_\_\_\_\_ Projector and Screen

\_\_\_\_\_ Tables      \_\_\_\_\_ Folding Stands      \_\_\_\_\_ Other (please list your need(s))

Kitchen Appliances \_\_\_\_\_ Cafeteria \_\_\_\_\_  
(Please be specific)

List name(s), address and phone number of at least one, preferably two, responsible officials of your organization who will be present at the time of the facilities requested are being used, and who will accept responsibility for adherence to School District regulations.

\_\_\_\_\_  
Name (Please Print) Address Phone No. (indicate home, office or cell)

\_\_\_\_\_  
Name (Please Print) Address Phone No. (indicate home, office or cell)

I, on behalf o the above-indicated organization, fully understand the general conditions for facilities usage and that we, individually, and as an organization, accept the conditions as stated.

\_\_\_\_\_  
Authorized Signature of Requesting Group Date

## Instructions/Terms & Conditions

All organizations (*hereafter referred to as Use,*) requesting use of School District facilities must fully understand and accept the general conditions as follows:

- 1) Activity shall be restricted to that area for which permission is granted.
- 2) All school buildings and grounds have been officially designated a smoke-free environment twenty-four (24) hours per day. Members of the public are expected to observe this restriction at all times.
- 3) User will present to the School District not less than thirty (30) days prior to the use of the facility a Certificate of Insurance ("COI") evidencing the following minimum coverage: \$ 1,000,000 Combined Single Limit of Bodily Injury and Property Damage. **Each certificate must name the Hatboro-Horsham School District as an additional insured. Please refer to the attached "EXAMPLE COI" for direction on what is required.** Coverage will extend to any employees or representatives of H-HSD who will be assisting in or participating in the group's activities in an official capacity and the insurance provided by the user shall be the primary insurance for such participation. Written notice of insurance cancellation must be provided no less than thirty (30) days prior to cancellation.
- 4) All Rental Fees and/or other estimated Usage Charges shall be paid to the District when application is made and prior to the event.
- 5) Failure to comply with either "3 or 4" above may result in the termination of permission to use the facility.
- 6) No group may use any facility in the District without obtaining an appropriate approval from district personnel (see end of application).
- 7) User agrees that the H-HSD will not be liable for injury to participants or to participants' property or for district property loss that results from their participation **in** the group's activities.
  - a. User shall indemnify, hold harmless and defend the School District, its Board Members, officials, employees, volunteers, agents and attorneys from any and all claims, complaints, demands, costs, suits, actions, penalties, withheld subsidy, and cost (including, by way of example and not limitation, attorney's fees and litigation costs and expenses) with respect to or arising out of user's utilization of School District buildings and facilities and any other activity under the control or sponsorship of user including the errors or omissions of user's officials, employees, agents, contractors, or volunteers in connection with any activity relating to this application. It is intended that this indemnity, defense and hold harmless provision shall be given its broadest possible meaning and that the School District's board members, officials, employees, volunteers, agents, insurers and employees are expressly considered to be third party beneficiaries with respect to this provision.
  - b. User may not cause or permit any damages to school district premises, property, furnishings, fixtures or equipment and will not do or allow anything to be done which would damage or change the finish or appearance of the premises or its furnishings, fixtures, or equipment. User is liable for the cost of repairing damages, which may be done to school district property, including, by way of example and not limitation, furnishings, fixtures, or equipment. The school district shall determine the amount of the damage and the reasonable cost to repair any damage done. User shall arrange for prompt payment of any loss or damage occurring as a result of use of school property.
- 8) Serving of food and refreshments is prohibited without prior approval.
- 9) Use of, or possession of alcoholic beverages is prohibited on school premises.
- 10) The hours stated for use on the building application/use permit will be the actual time the building may be occupied and must be vacated in accordance with such. Additional charges will be made for overage.
- 11) User will strictly comply with all fire and safety codes.

12) User's function may be subject to cancellation if school is closed for:

- a. Any emergency;
- b. Any unscheduled building closing;
- c. Any inclement weather situation; or
- d. Any school event which may arise as " ..... **..school sponsored groups and activities take precedence over, outside groups at all times ...** " (*Applications are approved and processed in strict accordance -with School District Policy*).

13) User shall be responsible for moving its equipment into and out of the building.

14) The school district may remove from its premises and facilities and dispose of or store, at its sole discretion, any personal property left behind by User or those participating in User's function or activity.

15) User may not obstruct the halls, ramps, entrances or lobby of the building. User shall keep the passageways clear at all times.

16) No parking is permitted on the grass.



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1  
DATE (MM/DD/YYYY)  
06/29/2017

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(ies) must have ADDITIONAL INSURED provisions or 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>	Insurance Company's Name & Address	CONTACT NAME	
		PHONE (A/C, H/O, F/O)	FAX (A/C, H/O, F/O)
<b>INSURED</b>	Name of Organization Using the District's Facilities	INSURER A:	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		INSURER G:	

COVERAGES      CERTIFICATE NUMBER: 25553867      REVISION 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.

INSR LTR	TYPE OF INSURANCE	ADDL (0000)	SIZE (0000)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			[REDACTED]	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per Occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
	DEV'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) <input type="checkbox"/> Y/N (Was done to under DESCRIPTION OF OPERATIONS below)		N/A				PER STATUTE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

# EXAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: Workshop, May 3, 2014; Simmons Elementary School, 411 Babylon Road, Borshan, PA 19044.

Bathoro-Borshan School District is included as an Additional Insured as respects to General Liability.

CERTIFICATE HOLDER      CANCELLATION

Bathoro-Borshan School District  
229 Meetinghouse Road  
Borshan, PA 19044

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  
*[Signature]*