



JOSEPH SEARS
EST. 1899

Request and Agreement for Use of Facilities

***DIRECTIONS:** This form should be completed in its entirety. It should be returned to the Business Office of Kenilworth School District No. 38. A copy with the Superintendent's or their designee's signature will be returned to you when your request is approved by the Board of Education. Requests will be accepted between July 1 and June 30 of any given school year. Payments cannot be deposited for rental requests and agreements cannot be executed by the District prior to July 1 of the new fiscal year.*

Name of Organization: _____

Street Address/City/State/Zip: _____

Contact Person for this Application: _____ E-mail Address: _____

Contact Person's Home Phone: _____ Business/Daytime Phone: _____

Is this individual/organization officially recognized by Kenilworth School District No. 38? (an exempt group) Yes No

Is this individual/organization a non-profit group located within District No. 38's boundaries? (Class I) Yes No

Is this individual/organization a non-resident or "for profit" group? (Class II) Yes No

Room(s) or Grounds area requested: _____

Date(s) Needed: _____

To be used for: _____

Equipment Needs (chairs, tables, projector, etc.): _____

Opening Time: _____

Closing Time: _____

Will there be an admission/fee charge? Yes No Estimated Attendance: _____

INSURANCE: The Board of Education requires a certificate of insurance for the required minimum amounts as follows:

Bodily injury liability \$25,000/\$1,000,000 each accident

Property damage liability \$10,000 each student

The organization will list Kenilworth School District No. 38 as an additional insured in its policy. If a certificate of insurance is not available, then at the discretion of the Superintendent the hold-harmless indemnification may be completed.

Please attach signed certificate of insurance or hold harmless indemnification to this application.

FIRST AID: All groups are responsible for the well-being of their attendees and are required to bring their own First Aid kit (including ice packs, Band-Aids, etc...). The District does not provide this. AEDs (defibrillators) are located near the Gymnasium, Auditorium/Multipurpose Room, Library Technology Center and Front Entrance for emergency use.

*Revised 3/28/17
Page 1 of 5*



JOSEPH SEARS
EST. 1899

Class I users are residents of the District and those groups that have 501(c)3 status, and Class II users are non-residents and/or groups that are for profit. All groups listed in Board Policy 8:20 *Community Use of Facilities* will continue to be exempt from paying fees. Other rules and regulations that are agreed to include:

1. All individual 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, a minimum of two adults at all times when a minor is present, and the adult supervisor must ensure that no minor is left alone after the activity.
- Only the Multipurpose Room, Auditorium, and Gymnasium, 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.

_____ *Initial here if this is agreeable*

2. All individuals/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 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 [*Kenilworth School District No. 38*] as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss: _____

Insurance provider name and contact number

_____ *Initial here if this is agreeable*

3. All individuals/groups must pay the following fees:

	Class I	Class II	Exempt Groups
Auditorium	\$40.00	\$80.00	No Charge
Multipurpose Room	\$40.00	\$80.00	No Charge
Gymnasium	\$40.00	\$80.00	No Charge
Classroom/Other Space	\$40.00	\$80.00	No Charge
Custodial Fee (3 Hour Minimum)	\$30.00	\$30.00	\$30.00

Rental charge (unless waived by Board policy): _____

If a group wishes to use the facilities at times other than when custodians are normally present and a custodian is needed, there will be an additional charge for the custodian, which is \$30 per hour per custodian. All groups renting facilities on Saturday and/or Sunday will be responsible for paying the custodian charge.

_____ *Initial here if this is agreeable*



JOSEPH SEARS
EST. 1899

4. **Payment Method:** **Check** (please make check payable to: *Kenilworth School District No. 38*)
5. **All individuals/organizations must agree to use appropriate emergency procedure including calling 9-1-1 for medical emergencies and whenever an AED is used.**
_____ *Initial here if this is agreeable*
6. **All individuals/organizations 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
 _____ *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 §527.800(c).
 _____ *Initial here that a copy was received*
7. **If the request involves a physical fitness facility, the individuals/groups 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 (4:170-AP6, E2, *Automated External Defibrillator Incident Report*).
 _____ *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.

Applicant Name (*please print*)

Telephone Number

Address

Email Address

Applicant Signature

Date



JOSEPH SEARS
EST. 1899

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.

Payment is required upon reservation request approval. Refunds will be given if notice of non-use is received at least 48 hours prior to the requested date and time.

As the authorized representative of the above organization, I agree to the conditions of use and charges, which have been established by the Board of Education. I also agree that the above organization will not represent itself or any of its activities as being sponsored by the School District, unless the group is formally recognized by the Board of Education. I understand that all future dates will not be allowed for building use if payment is not made within 30 days of request.

Date of Request

Applicant Signature

Approved

Denied

Superintendent or Designee

Date

For Office Use Only:

Calendar

Key Card

Director of Building and Grounds

Appropriate Faculty/Staff Members

Superintendent's Assistant

Administrative Approval

Mailed Confirmation

Payment Received

Kenilworth Police Department

To: _____

Your request to us the building on the dates indicated has been APPROVED DENIED by the Board of Education with the following conditions:

Business Services and Human Resources Manager Signature

Date

LEG. REF: ILCS 5/10-22.10

*Revised 3/28/17
Page 4 of 5*



JOSEPH SEARS
EST. 1899

Kenilworth School District No. 38 Indemnification Form

To the extent permitted by law, _____ shall indemnify, protect, hold harmless, save and keep harmless the Board of Education, its employees, officers, agents, attorneys, and any other representatives from any and all claims, charges, actions, causes of actions, complaints, obligation for damages (including but not limited to compensatory, exemplary and/or punitive damages), losses, expenses, attorneys' fees or costs, loss of earnings, debts, and any and all other demands which arise out of the use of Kenilworth School District No. 38 facilities.

(User/Entity) Signature

Organization

ATTEST:

Date

*Revised 3/28/17
Page 5 of 5*