



17301 Central Avenue
Oak Forest, IL 60452-4920

APPLICATION FOR USE OF FACILITIES

Date of Application:		Principal's Approval:		
Name of Organization:				
School Requested:	<input type="checkbox"/> Arbor Park (708) 687-5330	<input type="checkbox"/> Scarlet Oak (708) 687-5822	<input type="checkbox"/> Morton Gingerwood (708) 560-0092	<input type="checkbox"/> Kimberly Heights (708) 532-6434
List Area To Be Used: (Example: gymnasium, classroom #, library, etc.):				
Date(s) To Be Used:				
Time of Use: Note: Ending time restrictions: AP = 9:30 p.m./Others = 8:00 p.m.				
Services Requested (Example: public address system, # chairs/tables, scoreboard, etc.):				
Total Anticipated Attendance:				
Number of Minors:		Number of Adults:		
Name of Organization's Designated Representative:				
Representative's Address:				
Representative's	Telephone Number:		Facsimile:	
Representative's E-mail Address:				
Organization's Alternate Contact Representative:				
Alternate's Address:				
Representative's	Telephone Number:		Facsimile:	
Representative's E-mail Address:				

Conditions of Agreement

By affixing signature to this agreement, the above listed Organization/Authorized Representative(s) and Event Supervisor(s) verify that they have read the Arbor Park School District 145 **Use of Facilities Handbook** as adopted by the Board of Education and agree to abide by all rules and regulations specified therein. In addition, the Organization as represented by its supervisor(s) shall be responsible at all times for the conduct of the group(s) granted use of the facility so named above. The designated Representative further agrees to pay any applicable fees in accordance with Arbor Park School District 145 Board of Education Policy and to abide by the regulations set by said Board in Policy, Notice to Organizations Using The Facilities of Arbor Park School District 145, and Regulations For Use of District Facilities as contained in the **Use of Facilities Handbook** and further agree to indemnify, hold harmless, and reimburse the Board of Education with respect to claims, suits, attorney fees, and any other expenses which may arise due to personal injury or property damage suffered or incurred in connection with or incident related to the use of the school facilities by the above named Organization. It is also understood that fees paid by the organization are to reimburse the School District for custodial services or damages incurred as directly related to the Organization's use of the facilities.

The Organization shall provide the School District with a Certificate of Insurance verifying that the group maintains adequate insurance coverage against personal injury and property loss in amounts not less than \$1,000,000.00 per category per occurrence. Said certificate shall name "Arbor Park School District 145" as an additional insured. Facilities may not be reserved without a current Certificate of Insurance on file.

If the request involves an indoor physical fitness facility the requesting Organization MUST:

- Designate at least one adult who agrees to be an emergency responder. Emergency responders must be trained CPR and AED users.
- Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
- Ensure that only a trained user operates an AED, unless the circumstances do not allow time for a trained AED user to arrive.
- In the event that an AED is used, the Organization agrees to complete all appropriate forms (Automatic External Defibrillator Incident Report).
- The Organization must agree to follow the "Medical Emergency Plan for Automated External Defibrillators" as shown on the reverse side of this form.

I agree to abide by the conditions stated in this application and agree to adhere to all Board policies and administrative procedures.

Applicant Signature _____
Date

FOR DISTRICT USE ONLY

Fees for Use: _____ Current Insurance Certificate On File: Yes No, Expiration Date: _____

Comments: _____

APPROVED _____ DENIED _____ OFFICIAL'S INITIALS _____ DATE _____