

HAMILTON TOWNSHIP BOARD OF EDUCATION

FACILITIES USE APPLICATION FOR _____ DATE SUBMITTED: _____
(NAME OF SCHOOL)

***THIS APPLICATION MUST BE RETURNED TO THE PRINCIPAL OF THE SCHOOL NO LESS THEN 60 DAYS BEFORE THE SCHEDULED EVENT, FAILURE TO DO SO MAY RESULT IN DENIAL OF REQUEST**

*All billing, if any, will be processed by the District's Facilities Department

CERTIFICATE OF INSURANCE with Hamilton Township BOE listed as an Additional Insured and Certificate Holder is required: See below for details

| | | | | | | | |
|---|--|-----------------------|--|--------------|---------------|--|--|
| NAME OF ORGANIZATION: _____ | | | | | | | |
| CONTACT PERSON: _____ | | | | EMAIL: _____ | | | |
| (ADDRESS) | | CITY, STATE, ZIP CODE | | | () TELEPHONE | | |
| <ul style="list-style-type: none"> • Is the organization based within Hamilton Township? (please circle one) YES NO • What percentage of your participants are Hamilton Residents? _____ • Is the event for children and/or adults?(please circle one or both if necessary) • Will a fee be charged for admission? (please circle one) YES NO • Proceeds to be used for: _____ (i.e., fundraising, profit, etc.) • Is the group recognized as for profit or not-for-profit? (please circle one) • List all date(s) requested: (Be specific!) | | | | | | | |
| <p>Circle day(s) of the week requested: MON. TUES. WED. THURS. FRI. SAT. SUN.</p> <p>TIME: From: _____ To: _____ Estimated Attendance: _____</p> | | | | | | | |
| <p>DETAILED DESCRIPTION OF USE/EVENT (MUST BE ATTACHED) <input type="checkbox"/> Please also check boxes that pertain to your event:</p> <p><input type="checkbox"/> Fundraiser <input type="checkbox"/> Equipment Needs (please list all equipment needs in detailed in description of event) <input type="checkbox"/> DJ</p> <p><input type="checkbox"/> Community Event <input type="checkbox"/> Food Truck <input type="checkbox"/> Sports Competition <input type="checkbox"/> Meeting <input type="checkbox"/> Amusements (No Bounce Houses, Inflatables or Animals allowed) <input type="checkbox"/> Tricky Tray and/or 50-50 (Township permit required)</p> | | | | | | | |

DESIRED FACILITY AT SCHOOL: (PLEASE CHECK)

| | | | |
|-----------------------|-----------------|-------------------------|----------------------------|
| ____ Gym | ____ Auditorium | ____ Kitchen | ____ Pool |
| ____ Sub-gym | ____ Press Box | ____ Field(s) (specify) | ____ Other (specify below) |
| ____ All Purpose Room | ____ Cafeteria | ____ Classroom(s) | _____ |

CERTIFICATE OF INSURANCE

The Board of Education (BOE) carries insurance covering its legal liability. The BOE assumes no liability as to the licensee or user organization. The BOE requires that the licensee or user organization complete and provide a **Certificate of Insurance, naming the Hamilton Township Board of Education as an additional Insured and Hamilton Township Board of Education, 90 Park Avenue, Hamilton, NJ 08690 as Certificate Holder**. The minimum amount of insurance coverage for personal injury required shall be \$1,000,000 and as to property damage shall be \$1,000,000. **The Certificate of Insurance must accompany this form, or the request cannot be approved.** All outside vendors must have a Certificate of Insurance, or they will not be allowed on school grounds. All food trucks and ice cream trucks that come onto school property must have a Certificate of Insurance, including automobile liability and must be inspected by the Hamilton Township Health Department. All vendors (including food trucks) must provide evidence of Workers' Compensation Insurance if the vendor is incorporated or has employees.

HOLD HARMLESS AGREEMENT

The licensee or user organization shall covenant for itself, its executors, its administrators, and/or assignees; that it will keep and save harmless, the Hamilton Township Board of Education, its successors and assignees, from any and all liability for anything arising from or out of the occupancy of the licensee or user organization, its executors, administrators, or assignees, and of its servants of agents and from any loss or damages arising from any fault or negligence by the licensee or user organization, its executor, administrators or assignees or failure on its part to comply with any covenant, condition or obligation contained in this application, or whether such loss or damage be caused by the failure of the Hamilton Township Board of Education their successors or assignees to perform any covenant contained herein to be performed by said Board of Education, their successors, or assignees. Please be advised that event organizers must be in compliance with district’s policy 2431.4 – prevention and treatment of sports related concussions and head injuries. A copy of this regulation is being provided.

REGULATIONS FOR USE AGREEMENT

Enforcement of all rules and regulations is the responsibility of the acting senior building Administrator who shall notify the Facilities Office of all instances of noncompliance. The Facilities Office shall have authority to withdraw future facility use by non-complying licensees or user organizations. For additional information regarding the use of Hamilton Township Board of Education building use, please call the Facilities Office at (609) 631-4173.

The Board of Education believes that the use of District facilities should be encouraged for legitimate community purposes when such use does not interfere with the educational program of the schools.

All users shall insure that the facilities are left in the same or similar condition as when they arrived. Specifically, users are responsible for the cleanup of all facilities following their use. In the event the facilities are not left in the same or similar condition, the licensee/user organization shall be prohibited from using HTBOE facilities in the future. Furthermore, the Hamilton Township Board of Education reserves the right to charge the licensee/user organization for any fees associated with returning the facilities to condition they were in prior to the use.

By signing below you agree to all terms and conditions described above.

Signature of Applicant: _____ Date: _____

Print Name: _____

Email: _____

TO BE COMPLETED BY THE PRINCIPAL OR DESIGNEE:

Is the school custodian/cafeteria person available (*Circle one*) even if it is a Saturday or Sunday? YES _____ NO _____

Is the custodian previously scheduled for a school function or activity? YES _____ NO _____

1. _____ APPROVED _____ NOT APPROVED _____ DATE _____

(School Principal or Designee Signature)

(School Principal or Designee Print Name)

To be completed after the event is on the Board Agenda

2. Board of Education: _____ Approved _____ Not Approved _____ Date _____