

**SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT  
PERMISSION FORM FOR AUTHORIZED USE OF  
SCHOOL-OWNED MATERIALS AND EQUIPMENT**

Date: \_\_\_\_\_

TO: \_\_\_\_\_  
(Principal/Director)

I request permission to use the following piece(s) of school-owned materials and/or equipment.

<u>Material/Equipment</u>	<u>School</u>	<u>Model #</u>	<u>Serial #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I shall require use of this material and/or equipment from \_\_\_\_\_  
to \_\_\_\_\_.

I understand that I assume the responsibility for returning the materials and/or equipment in the same condition it was borrowed. The community member, employee or student (or his/her parent/guardian) may be held responsible for the cost of repair or replacement, with the exception of normal wear and tear, in accordance with applicable law.

\* \_\_\_\_\_  
(Signature)

\*If the request is being made by a student under eighteen (18) years of age, the form is to be signed by a parent/guardian.

**SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT  
HOLD HARMLESS AGREEMENT**

The applicant, individual, and/or organization agrees to be responsible for all damages resulting from mental and physical bodily injury, including death at any time resulting there from, and/or for all damages arising out of, injury to, or destruction of property due to his/her/its activities or the activities of his/her/its agents, employees, partners, and participants arising out of or resulting from any act or omission in connection with the use or operation of any programs, events, or activities of the applicant, individual, and/or organization on Susquehanna Valley Central School District's premises; to provide an insurance certificate naming the School District as an additional insured representing a policy providing limits of a minimum of \$1,000,000.00 each occurrence, \$2,000,000.00 aggregate for bodily injury liability, \$500,000.00 each occurrence, a minimum of \$500,000.00 aggregate for property damage liability and does hereby expressly agree to indemnify and save harmless the Susquehanna Valley Central School District from all claims, suits, actions, judgments, damages, attorney fees, including the costs of a legal defense, and costs of every name and description to the extent not covered by the applicant's, individual's or organization's insurance, if any, arising out of or resulting from any act or omission in connection with such use, operations, or activities; it being understood that this is an undertaking of indemnity only and is not to be construed as an undertaking or obligation to pay claims for which there would not otherwise be a remedy in law.

This agreement shall continue in effect from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Note: Groups – Please have each member of your group sign on the reverse side

**APPROVAL TO USE THE FACILITY WILL NOT BE GRANTED UNTIL THIS  
FORM IS COMPLETED AND RETURNED.**

PRINT NAME	SIGNATURE

## SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF FACILITIES

The facilities will be available at all reasonable times when not required for direct school or school-related functions. The administration is responsible for the use of all school facilities. In order that they may consider your request for the use of school facilities, kindly complete the following form.

### BUILDING USE REQUEST

Name of Organization: \_\_\_\_\_

School Site:    ☐ Senior High    ☐ Middle School    ☐ Donnelly    ☐ Brookside

Area (s) Requested: \_\_\_\_\_

Purpose of: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Hours Requested: \_\_\_\_\_ ☐ a.m. ☐ p.m. to    ☐ a.m. ☐ p.m.

Kitchen Facilities Needed:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

(Check One) ☐ School Function    ☐ Profit    ☐ Non-Profit    ☐ Not-for-Profit

Will activity be open to the public? \_\_\_\_\_ Yes    \_\_\_\_\_ No    Private Enterprise

Admission    will    will not    be charged. Proceeds will be used for: \_\_\_\_\_

Name, address and phone number of person responsible for this occasion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

If fee is charged, bill should be sent to the attention of: \_\_\_\_\_

You must provide Susquehanna Valley Central School District with the following information prior to the approval of your event:

- 1) A completed Request for Use of Facilities form. \_\_\_\_\_ Date Received
- 2) A completed Request for Services form. \_\_\_\_\_ Dated Received
- 3) A completed Hold Harmless Agreement. (Non-School Functions Only) \_\_\_\_\_ Date Received
- 4) A current Certificate of Insurance from your insurance carrier naming Susquehanna Valley Central School District as an additional insured. (Non-School Functions Only) \_\_\_\_\_ Date Received

(Continued)

**SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF FACILITIES (Cont'd.)**

I certify that I have read and agree to be bound by the rules and regulations provided in the Rules Governing Use of Facilities by Community Groups which is noted below in this application. I also certify that the proceeds received will not be used for the benefit of a religious sect or exclusive fraternal society and that the program will be open to the general public. I understand the organization or group I represent will assume responsibility for all damages. I also understand I will be charged a fee for the use of facilities in accordance with the schedule of charges.

Date of Application \_\_\_\_\_ Signed \_\_\_\_\_  
Authorized Representative of Group or Organization

Name \_\_\_\_\_ Address \_\_\_\_\_  
Please Print  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

This application is hereby granted/denied according to the Use of Facilities Policy by the action of the Director of Facilities.

Signature _____	Date: _____	
Building Administrator		
Signature _____	Date: _____	Facility Use Fee: _____
Director of School Facilities		
Signature _____	Date: _____	Facility Use Fee: _____
Director of Athletics/Food Service		

The requesting organization is required to provide a Certificate of Insurance designating their organization as the primary insured and the Susquehanna Valley Central School District as additional insured.

**RULES GOVERNING USE OF FACILITIES BY COMMUNITY GROUPS**

- 1) No smoking allowed within one hundred (100) feet of school property lines.
- 2) No drinking of alcoholic beverages permitted.
- 3) Activity shall be restricted to that area for which permission is granted.
- 4) The activity shall not extend beyond the hours approved in the request.
- 5) All programs shall be planned so they do not interfere with the regular school day schedule.
- 6) The organization using the building shall be responsible for moving its equipment into and out of the building.
- 7) The supervisor in charge of the activity shall be present before the activity is due to start and remain with the group until all have left.
- 8) In the absence of the Building Principal or administrative personnel, the custodian is charged with the responsibility of the building.
- 9) School authorities must have free access to all rooms at all times.
- 10) Where custodial assistance must be hired, a charge will be made and must be paid within thirty (30) days.
- 11) Room(s) or facility used by applicant will be carefully examined after use. The applicant will arrange for prompt payment of any loss or damage occurring as a result of use of school property.
- 12) No school property or equipment is to be altered or removed from the premises.
- 13) This license is revocable at any time by school authorities.
- 14) No reservation will be made until this application is returned and approved.

(Continued)

**SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF FACILITIES (Cont'd.)**

New York State Law requires notification of emergency evacuation procedures for fire emergencies must be announced at all events. Please refer to Use of Facilities Regulations.

No Smoking: It is understood that organizations using school facilities will be responsible for enforcing the No Smoking on school grounds regulation while building is being used by such organization.

**Schedule of Charges:** See Schedule of Charge section of the Use of Facilities Regulations

**Fees for Use Payable to:** Treasurer, Susquehanna Valley CSD  
1040 Conklin Road  
Conklin, New York 13748

Return the entire use of Facilities Packet that includes:

- 1) **A completed Request for Use of Facilities form**
- 2) **A completed Request for Services form**
- 3) **A completed Hold Harmless Agreement (Non-School Functions Only)**
- 4) **A current Certificate of Insurance from your insurance carrier naming Susquehanna Valley CSD as an additional insured. (Non-School Functions Only)**

The use of Facilities Packet will be reviewed, a determination made, and the applicant notified of the School District's decision regarding your Request for Use of Facilities.

**SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT  
REQUEST FOR SERVICES**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Date of Event \_\_\_\_\_  
Location of Event \_\_\_\_\_

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Audio Visual Services

Please be advised that no audio visual equipment of any nature is automatically included in the application for use of any room. If equipment is desired, the following procedures must be followed:

- 1) Fill in the area below with the equipment requested. Note audio/video format and standard to be used. Be specific as to the nature of equipment (stereo vs. mono, reel-to-reel vs. cassette, etc.)
- 2) Indicate who the person responsible for operating the equipment is and his/her address and phone number. This person will be contacted as to whether the equipment is available, where it is to be picked up, and where it must be returned.

Equipment Requested: \_\_\_\_\_

Person Responsible: \_\_\_\_\_

Custodial Services

- 1) Contact Director of Facilities office (775-9156) a minimum of three (3) working days prior to your event to verify needs and requests.
- 2) Last minute requests may not be honored.
- 3) Please tour our facility to make sure needs can be met by our physical plant.
- 4) Please indicate your needs on the spaces provided below:
  - a. Chairs needed (#) \_\_\_\_\_
  - b. Location \_\_\_\_\_
  - c. Tables needed (Limited amt.) \_\_\_\_\_
  - d. Elevator needed (indicate hrs.) \_\_\_\_\_
  - e. Doors (entrances) needed to be unlocked \_\_\_\_\_
  - f. Special equipment (hand trucks, flat carts, etc.) \_\_\_\_\_
  - g. Dressing room requirements \_\_\_\_\_