

South Hackensack Board of Education
FACILITY USE APPLICATION FOR GYMNASIUM

1. Submission Date: _____

2. Permit Fees:

All fees must be paid in advance of event(s) to the South Hackensack Board of Education by one week

Facility	Game/Practice (1 hour)	Game/Practice (2 hours)
Gymnasium	\$100	\$150

Any extra costs as per schedule below will be borne by the user.

- a) Maintenance/Custodial fee - \$ _____ /hour
- b) Any moving, setup, etc., will be provided by user or will pay costs incurred by the BOE
- c) Any damage will be assessed and charged as per cost incurred.

3. Individual making request: _____

Address: _____

Phone number: _____ EMAIL: _____

4. Information:

a) Facility requested: **South Hackensack Memorial School Gymnasium**

b) Date(s): Gym availability will be Monday – Friday Only

Check one of the following: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

(Max of 2 days per week)

c) Event & Activities Planned: _____

d) Sponsoring organization: _____

e) Hours of use request: _____ to _____

f) Will this request require any services (as per #2) or specialized use? Yes / No

g) A conference with School Officials may be required for all uses and fee assessment.

h) Please forward Summary of events and any promotional documents to BOE Business Office

All users are required to maintain, in addition to any insurance required by law, Comprehensive Liability insurance, in an amount not less than \$1,000,000 per occurrence. The Board of Education must be named as an additional insured on this policy. A certificate of insurance as described must be provided before the facility is used. Failure to enforce the required production of the certificate will not void users' obligation to provide the insurance as aforesaid. In addition, by making this application, user agrees, that should this application be granted, user will indemnify, hold harmless, and defend the Board of Education against any and all demands, claims, damages, fees, cost and liabilities of any kind (including but not limited to attorneys' fees) to the fullest extent permitted by law. With respect to use of the facilities for any athletic activity, all users will be supplied a copy of the Board of Education's policy on concussion testing and return to play. The user agrees and certifies that it will comply with this policy for the management of concussions and other head

Users with a permit must comply with the following rules and regulations:

1. All users must assume full responsibility for the conduct of all participants in the use while they are in or about school buildings and grounds and must enforce these regulations. The district, depending on the activity, may require as a condition of approval, a certain number of chaperones, law enforcement officials, and/or a school district representative(s) to be present at the activity.
2. Any Athletic and/or Recreational Organizations will only allow organizational personnel/coaches/monitors/volunteers and participants (players/students) into the facility during the entire permitted times. No outside spectators/parents/guests are allowed into the facility.
3. Users of the gymnasium must ensure that all participants wear rubber-soled footwear to prevent damage to gym floors.
4. The school may be closed due to inclement weather (at the discretion of the Board of Education) which cancels use of the facility.
5. Teams/Organizations which are granted gym permits are responsible for the cleanup of their events.
6. Teams/Organizations which are issued a gym permit are not permitted to use any other space within the school buildings and grounds.
7. All other provisions of the District Regulation 7510 apply to the use of the facility gymnasium.

**Failure to comply with the rules and regulations set forth in the agreement will result in loss of the gym permit.*

All prospective users must provide a minimum of two week's notice.

Signature of Sponsoring Organization Official: _____ Date _____

Signature of individual representing organization _____ Date _____

OFFICE USE ONLY

Conflict ☐ No Conflict ☐ Approved ____ Disapproved ____ Needs Rescheduling ____

Contact Office for more information ☐ Special fees: _____

Approved ☐ Disapproved ☐ _____
AUTHORIZED SIGNATURE BOE DATE