

Lafayette Township School
178 Beaver Run Road
Lafayette, NJ 07848

Application for Use of School Facility

Date: _____

_____ *Non-Profit Organization* _____ *For Profit Organization (Please check appropriate status)*

Organization Name: _____

Name of Presiding Officer: _____

Address: _____ Phone Number: _____

Email Address: _____

Primary Contact on the date of the event: _____ Phone Number: _____

Applicant Name: _____ Applicant Signature: _____

Identify area(s) to be used:

Grounds _____ Classroom _____ Library _____ Gym _____ All Purpose Room _____ Other _____

What time does your group need to enter the school and/or grounds (include time for set-up)? _____

What time will your group leave the school building and grounds? _____

Anticipated number of people attending: _____

Please circle all grade levels of children who will be present during your use of the facilities:

*Pre-K Kindergarten First Grade Second Grade Third Grade Fourth Grad Fifth Grade Sixth Grade
Seventh Grade Eighth Grade Ninth Grade Tenth Grade Eleventh Grade Twelfth Grade*

Please check if this is an "adults only" meeting _____

Date(s) Requested _____

Purpose for Use _____

Name of Insurer _____

Policy Number _____ Effective Dates _____

Name and telephone number of at least two organization members who may be contacted in case of an emergency:

DISTRICT USE ONLY:

Administrator Approval: _____

Date: _____

Type of Use:

Group 1 **Group 2** **Group 3** **Group 4** **Group 5**
No Fee No Fee Fee Schedule Fee Schedule Fee Schedule

Building Use Fee: _____

Custodial Fee: _____

Fees Due By: _____

Verified By: _____

Date: _____

| <i>Fee Schedule:</i> | <i>Per Day:</i> |
|---|-----------------|
| <i>Main Gym</i> | <i>\$300</i> |
| <i>MPR</i> | <i>\$150</i> |
| <i>Pavilion</i> | <i>\$150</i> |
| <i>Athletic Field</i> | <i>\$150</i> |
| <i>Kitchen</i> | <i>\$150</i> |
| <i>Library</i> | <i>\$100</i> |
| <i>Classroom</i> | <i>\$100</i> |
| <i>Custodial Services - \$125 per every three hours</i> | |

**Please note that Non-Profit Tiers 1-3 will be billed at the actual hourly custodial rate. All other tiers will be billed per fee schedule.*

Lafayette Township School District Agreement to save harmless

Events on the property of the Lafayette Township School District which are not sponsored by the district must meet certain standards of insurance coverage to secure approval from the Board of Education. Your organization shall be required to furnish the Board with satisfactory proof that it carries comprehensive general liability insurance, which shall include the Lafayette Township Board of Education as an additional insured.

For and in consideration of the Board of Education of the Lafayette Township School District in the County of Sussex, and state of New Jersey, permitting us, the undersigned, to use school premises and facilities, we hereby agree to save harmless the Board of Education of the Lafayette Township School District and the school district from any and all claims, suits, liabilities, litigation or proceedings of any kind or nature, against said Board of Education of the Lafayette Township School District or the district by reason of theft, injury, or alleged injury, damage, or alleged damage, sustained, or alleged to be sustained by any person, firm or corporation, arising out of the use of said premises and facilities, and we further agree to indemnify the Board of Education of the Lafayette Township School District from and against all costs, counsel fees, expenses, and liabilities incurred as a result of any such claims or any actions or proceedings brought therein.

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.

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 INJURIES.

The undersigned hereby agree to indemnify and hold the Lafayette Township School District harmless as provided above.

Name of Sponsoring Organization: _____

Authorized Representative Signature: _____ *Date* _____

Authorized Representative Signature: _____ *Date* _____

President and secretary must sign for organized bodies. Two authorized representatives must sign for all other organizations.