

## **Lindenwold Public Schools**

801 Egg Harbor Road, Lindenwold, New Jersey 08021  
Phone: (856)783-0276 Fax: (856)435-5887

### **Use of Facilities**

Requirements for Consideration of Use of Facilities Request:

- 1. Completed "Application for Use of School Facilities"**
- 2. Copy of Current Insurance Certificate**

Submit the above documents to the Board Office to the attention of Joseph Lisa. If there are any problems with the application the organization will be contacted. Once the application is approved, the organization will receive an approved copy of the application.

Board-approved policies will be utilized for determining qualification.

If you have any questions, please contact Joseph Lisa, Director of Facilities, at 856-783-0276, ext. 3113.

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## APPLICATION FOR USE OF FACILITIES By Outside Organizations

School Requested:  High School  Middle School  School 4  School 5  PreK

ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PURPOSE: \_\_\_\_\_ # of participants: \_\_\_\_\_  
USE DATE(S): \_\_\_\_\_

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Facility Use Start Time: \_\_\_\_\_ Event Start Time: \_\_\_\_\_

Facility Use End Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

<input type="checkbox"/> AUDITORIUM	<input type="checkbox"/> CAFETERIA/ All Purpose	<input type="checkbox"/> GYMNASIUM	<input type="checkbox"/> FIELDS/GROUND
<input type="checkbox"/> Public Address	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bleachers	<input type="checkbox"/> Type: _____
<input type="checkbox"/> Spot Lights	<input type="checkbox"/> Public Address	<input type="checkbox"/> Public Address	<input type="checkbox"/> CLASSROOM(s): _____
<input type="checkbox"/> Piano			
<input type="checkbox"/> Tables # _____	<input type="checkbox"/> Tables # _____	<input type="checkbox"/> AUX GYM -	
<input type="checkbox"/> Chairs # _____	<input type="checkbox"/> Chairs # _____	(High School)	
<input type="checkbox"/> Projector / Screen			<input type="checkbox"/> MEDIA CENTER

SPECIAL REQUESTS: \_\_\_\_\_

Is your organization non-profit?  Yes  No Is your organization only for Lindenwold residents?  Yes  No

The applicant by signature below affirms that he has read all of the rules and regulations pertaining to the use of said facility and is familiar with same, and further agrees that he shall accept the use of facility subject to all of the regulations imposed (**including no smoking**). When school is closed due to inclement weather or breakdown of facilities the use of the building by outside groups is also prohibited. I/we agree to pay all specified charges if applicable. **Any violation of a verbal or written agreement will cause any future use to be denied.**

**The applicant must be present until the activity is concluded.**

NAME OF APPLICANT : \_\_\_\_\_  
(Please PRINT) \_\_\_\_\_ POSITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
ALTERNATE CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

\*\*\*\*\*  
FACILITIES' DIRECTOR'S Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
GROUNDS' SUPERVISOR'S Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
ATHLETIC DIRECTOR'S Approval: \_\_\_\_\_ (if applicable) Date: \_\_\_\_\_  
PRINCIPAL'S APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_  
BUSINESS ADMINISTRATOR'S APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_  
Not Approved Reason: \_\_\_\_\_

Copies Sent To:  Principal  Maintenance  Athletic Director  Stage Manager  Organization

**LINDENWOLD PUBLIC SCHOOLS**

**USE OF FACILITIES BY OUTSIDE ORGANIZATIONS**

**INDEMNIFICATION AND INSURANCE PROVISIONS**

The Lessee shall assume all risk of and responsibility for, and agrees to indemnify, defend, and save harmless the Lindenwold Board of Education and its employees from and against any and all claims, demands, suits, actions, recoveries, judgments, costs, and expenses in connection therewith due to the loss of life, property, or injury or damage to the person, body or property, of any person or persons whatsoever, which shall arise from or result directly or indirectly from the use of District premises under this contract. This indemnification obligation is not limited by, but is in addition to the insurance obligations contained in this agreement.

The Lessee shall secure and maintain in force, for the term of the contract, insurance as provided herein. The lessee shall provide the BOE with current certificate of insurance for all coverages and renewals thereof which must contain the provision that the insurance provided in the certificate shall not be canceled for any reason except after thirty days written notice to the Lindenwold Board of Education.

1. Commercial General Liability policy as broad as the standard coverage or currently in use in the State of New Jersey which shall not be circumscribed by any endorsements limiting the breadth of coverage. The policy shall include and endorsement (broad form) for the contractual liability. Minimum limits of liability of \$1,000,000 per occurrence is required.

**The Lindenwold Board of Education shall be listed as an Additional Insured and Certificate Holder.**

2. (If Lessee is using owned or leased vehicles as part of its activities) Comprehensive Automobile Liability covering owned, non-owned, and hired vehicles with minimum limits of \$1,000,000 per occurrence for bodily injury liability and property damage;
3. (If Lessee is using own or hired employees as part of its activities) Workers' Compensation insurance applicable to laws of the State of New Jersey and Employers Liability insurance with a limit of not less than \$1,000,000.

**The undersigned agrees to the above indemnification and insurance provisions as written.**

**Name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

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