

# PANAMA CENTRAL SCHOOL

41 North Street, Panama, New York, 14767

## Application for Use of School Facilities

(716) 782-2455

FAX (716) 782-4674

To be completed by the applicant and returned to the Superintendent's Office.

Date of Request: \_\_\_\_\_ Date of Activity/Event: \_\_\_\_\_ Time of Activity/Event: \_\_\_\_\_ to \_\_\_\_\_

Name of Organization (if applicable) \_\_\_\_\_

Name of Responsible Individual: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Activity/Event: \_\_\_\_\_

| Facilities Requested:  |  | Custodial Services   |   |
|--|--|--|---|
| <input type="checkbox"/> Gym (North) <input type="checkbox"/> Athletic Field (which one) _____ <input type="checkbox"/> Pool <sup>1</sup> <input type="checkbox"/> CSE Conference Room <input type="checkbox"/> K-6 Computer Lab <input type="checkbox"/> H.S. Computer Lab <input type="checkbox"/> Classroom/Other _____ | <input type="checkbox"/> Gym (South) <input type="checkbox"/> Board Room <input type="checkbox"/> Cafeteria <input type="checkbox"/> K-6 Library <input type="checkbox"/> H.S. Library           _____       | <input type="checkbox"/> Locker Rooms <input type="checkbox"/> Auditorium <input type="checkbox"/> Kitchen <sup>2</sup> <input type="checkbox"/> Home & Careers  | <p>If your activity occurs outside of the normal working hours, you may be charged for custodial services. Do you need a custodian for:</p> <p style="text-align: right;">Yes      No</p> <p>Building access? _____</p> <p>Activity/event set up? _____</p> <p>Activity/event clean up? _____</p> |
| Equipment Requested:   |  | Miscellaneous  |   |
| <input type="checkbox"/> Tables      How Many? _____ <input type="checkbox"/> Chairs      How Many? _____ <input type="checkbox"/> Serving Tables      How Many? _____ <input type="checkbox"/> Bleachers <input type="checkbox"/> Athletic Equip. _____ <input type="checkbox"/> Other _____                              | <input type="checkbox"/> TV/DVD/VCR <input type="checkbox"/> Computer <input type="checkbox"/> Microphone <input type="checkbox"/> Podium <input type="checkbox"/> Projector <input type="checkbox"/> Screen | <input type="checkbox"/> Risers <input type="checkbox"/> TV/DVD/VCR <input type="checkbox"/> Computer <input type="checkbox"/> Microphone <input type="checkbox"/> Podium <input type="checkbox"/> Projector <input type="checkbox"/> Screen |   |
|  |  | <p>Activity open to the public? _____</p> <p>Number of people attending: _____</p> <p>Is there an admission charge? _____</p> <p>Will food be provided? _____</p> <p>Will there be a PCS employee involved in this activity? _____</p>       |   |

**NO FOOD OR DRINK IN LIBRARY/MEDIA CENTERS, COMPUTER LABS, AUDITORIUM OR GYMNASIUMS.**  
**IF A CERTIFICATE OF INSURANCE IS REQUIRED, IT MUST BE RECEIVED ONE (1) WEEK PRIOR TO EVENT.**  
**(SEE REVERSE SIDE.) WITHOUT INSURANCE, THE EVENT WILL BE CANCELLED.**

- THERE IS A CHARGE FOR RENTING THE POOL FOR PRIVATE PARTIES.**
- KITCHEN USE MUST BE SUPERVISED BY A PERSONAL TOUCH EMPLOYEE. THERE WILL BE A CHARGE FOR KITCHEN USAGE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH THE OFFICE.**

(For Business Office Use)      Reimbursable Cost: ☐ Yes      ☐ No      Amount \$ \_\_\_\_\_

Certificate of Insurance required to be submitted prior to use: ☐ Yes      ☐ No

PLEASE REVIEW PROCEDURES FOR USE OF SCHOOL FACILITIES ON BACK OF FORM

YOUR SIGNATURE IS REQUIRED ON THE BACK OF THIS FORM

All requests for the use of facilities should be made on the prescribed "Application For Use of School Facilities" form as soon as possible, but at least **one week prior** to the date of anticipated use of the space/room. Forms are available in the district offices and on school website.

Regular school activities will have first priority for any space/room.

When the school facilities are closed for emergencies (includes closure of school due to inclement weather), any use of facilities during the remainder of that day will be cancelled.

Groups or organizations authorized to use the school facilities or grounds assume responsibility for the care of any facilities or grounds assigned to them, and shall be liable for any damage to school property resulting from the group's activities. School facilities must be left in the same condition as they are found. Desks, displays, etc., should not be disturbed. A check of the school facility shall be made before and after each activity by the person in charge of the activity.

Smoking, drugs, alcoholic beverages, and possession of weapons or firearms are all prohibited in school buildings and on school grounds. No person shall knowingly have in his/her possession any of these items. Violators will be subject to prosecution to the fullest extent of applicable local, state, and federal statutes.

Groups or organizations authorized to use school facilities assume responsibility for the conduct of both participants and spectators. A responsible adult representative is to be designated and present at all times.

The requested organization is responsible for moving its equipment in to and out of the building. The District assumes no responsibility for the equipment or property belonging to the group or organization. Such property shall not be stored on school property, unless specifically approved by the Superintendent or his/her designee

Where the assistance of special services by the custodial staff, kitchen personnel, or lifeguard is needed, a charge in accordance with their negotiated agreement will be assessed.

**Insurance** - Special events may require the organization to provide insurance. The organization shall be responsible for all claims by a person filing claims for any personal injury, property damage or loss on school grounds or in the school building during the period the school facilities are being used. The organization will provide Certificate of Public Liability Insurance on a Comprehensive General Liability Form to the Business Office

atleast one (1) week prior to the event. Said insurance shall have minimum liability limits of \$1,000,000 per occurrence, \$2,000,000 aggregate plus Panama Central School District shall be named as an additional insured on a primary and noncontributing basis. **An incident form will be completed by the adult in charge for any damages or accident that occurs.**

I agree to be responsible for the safe and orderly conduct of the group/organization requesting use of school facilities. I agree to assume full responsibility for ensuring that all Panama Central School policies, rules, regulations as well as New York State Education laws and regulations are strictly adhered to by the above group.

I further agree that either I or the other undersigned person shall be present and actively supervising the group from the beginning of the activity until all such persons have left the school grounds. If neither undersigned can be present to supervise, it is my responsibility to cancel the activity and notify the school.

I agree to reimburse Panama Central School district for any and all additional custodial costs as well as other expenses incurred by this activity.

---

Signature of alternate adult in charge
Date

---

|                                   |      |
|-----------------------------------|------|
| Signature of athletic director    | Date |
| (If requesting athletic facility) |      |

---

Signature of superintendent
Date

|  |      |
|--|------|
| Signature of fitness center director<br>(If requesting pool) | Date |
|--|------|