

ATLANTIC COUNTY SPECIAL SERVICES SCHOOL DISTRICT
Mays Landing, New Jersey 08330

APPLICATION FOR USE OF BUILDING OR GROUNDS

**** To be filed with the School Business Administrator/Board Secretary ****

Name of Requesting Organization: _____

Address: _____ Phone: _____

Contact Person: _____

Name

Title

Alternate Phone (if any)

Date(s) that use of Building/Grounds is requested: _____

Time(s): _____ Specific area/rooms requested: _____

Equipment or service requested: _____

NOTE: If the activity/event is scheduled to take place at any time other than during normal business hours and requires overtime for security staff and/or maintenance staff (Black Seal Operator) the applicant agrees to pay for the cost of overtime (to include the hourly rate at 1.5 times plus the appropriate charge for workers' comp and FICA).

Type of activity: Entertainment Athletic Event Meeting/Workshop Other
(Explain): _____

List the names of speakers: _____

Briefly describe the activity or attach the meeting/workshop agenda: _____

If a play or show, please give title, name of author and brief description: _____

_____ # of people in the cast: _____

Admission Charge (if any) \$ _____ Number of people anticipated: _____

What is to be the use of the proceeds of this activity? _____

IT IS HEREBY UNDERSTOOD AND AGREED THAT IF THIS APPLICATION IS GRANTED THE UNDERSIGNED AGREES TO INDEMNIFY AND HOLD HARMLESS THE ATLANTIC COUNTY SPECIAL SERVICES SCHOOL DISTRICT AND THEIR AGENTS AND EMPLOYEES, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES IN CASE IT SHALL BE NECESSARY TO FILE AN ACTION ARISING OUT OF ACTIVITY HEREIN, WHICH IS 1) FOR PERSONAL OR BODILY INJURY, ILLNESS OR DEATH, OR FOR PROPERTY DAMAGE, INCLUDING USE OF AND 2) CAUSED IN WHOLE OR IN PART BY NEGLIGENT ACT OR OMISSION. THIS INDEMNIFICATION AND AGREEMENT SHALL APPLY IN ALL INSTANCES WHETHER ATLANTIC COUNTY SPECIAL SERVICES SCHOOL DISTRICT IS MADE PARTY TO THE ACTION OR CLAIM OR IS SUBSEQUENTLY MADE A PARTY TO THE ACTION BY THIRD-PARTY IN-PLEADING OR IS MADE A PARTY TO A COLLATERAL ACTION ARISING, IN WHOLE OR PART, FROM ANY OF THE ISSUES EMANATING FROM THE ORIGINAL CAUSE OF ACTION.

APPLICANT SHOULD READ CAREFULLY ALL RULES AND REGULATIONS ON THE ATTACHED.

All approved applicants must furnish a Certificate of Insurance as proof of comprehensive General Liability Coverage including contractual liability at least five (5) days prior to the use of the facilities, naming the Atlantic County Special Services School District Board of Education as additional insured on a primary and noncontributory basis. The coverage must be written by a company licensed to do business in the State of New Jersey and must include the following coverage:

Combined Single Limit Policy of ONE MILLION DOLLARS per Occurrence for bodily injury/property damage and/or personal injury

THE APPLICANT HAS READ AND DOES AGREE TO COMPLY WITH ALL OF THE TERMS, RULES AND REGULATIONS AS SHOWN ON THIS FORM AND DOES AGREE TO PAY PROMPTLY ANY APPLICABLE CHARGES.

Date Request Submitted: _____ Signature/Title: _____

FOR OFFICE USE ONLY:

Approved: _____ Disapproved: _____ Signature: _____ Date: _____

Remarks: _____