

WINSLOW TOWNSHIP BOARD OF EDUCATION

40 Cooper Folly Road, Atco, NJ 08004
(856) 767-2850 Fax (856) 719-8730

USE OF FACILITIES APPLICATION

The completed Application for Use of Facilities, Certificate of Insurance and Fire Permit must be returned to the Business Office for final approval. The application will not be considered without all required information.

INSURANCE: The insurance certificate must have Winslow Twp. Board of Ed. named as "Additional Insured" or the certificate will not be accepted. In addition to valid proof of liability insurance naming the Winslow Township Board of Education as an additional insured under the policy issued to the approved facility user, any organization intending to sell food or beverages, shall also supply proof of a rider or provide some other proof of insurance coverage from its insurance carrier that any and all accidents or occurrences stemming from the sale of food and beverages are appropriately covered through the issued policy of insurance.

FIRE PERMIT: You must obtain a fire permit for each facility from the Winslow Twp. Fire Marshal's Office, 9 Cedar Brook Rd., Sicklerville, N.J. 08081. The telephone number is (609) 561-4225.

POLICE COVERAGE: Police coverage is required when there are seventy-five (75) or more persons in attendance at an event. You must obtain, pay and submit proof of police security one week prior to an event, or the event will be cancelled. Please contact the Winslow Township Police Department at: (609) 567-3500.

FOOD SERVICES: Arrangement for kitchen facilities must be made with the Winslow Township Food Services Department at (856) 767-2850.

FACILITY USE:

- **An applicant will be limited to three (3) Use of Facility Applications per year. Each facility use is limited to four (4) days per week, including tournament.**
- Applications for Use of Facility must be renewed each year, and must be submitted at least 45 days prior to the event.
- Application requests will be awarded based upon availability.
- The applicant is responsible for the behavior and actions of the person or persons using the facilities including any cost of damages incurred. Children must be supervised by a member of the organization at all times.
- The applicant agrees to all district safety requirements.
- **Facility must be vacated by 6:00 pm or 9:30 pm depending on days used. Failure to comply with this requirement, will result in a \$50.00 fine and possible loss of facility use.**
- Use of facility is strictly limited to the area(s) approved. Violation of the approval agreement may result in immediate loss of facility use.
- **Each applicant must provide a copy of their business certificate from the New Jersey Business Entity Information and Records Service with the application, and a signed notarized statement attesting to non-profit status, and in good standing.**
- **Insurance coverage must be for the duration of the facility use.**
- **A calendar of practices, competitions and tournaments must be submitted with the application.**
- **A \$200.00 application fee is to be submitted with the application. Applications/use of facilities are non-transferable.**

The Board reserves the right to establish availability of district facilities, and to prohibit, rescind or change the use of its facilities, without notice.

I have read and agree to the above requirements for submitting an application for use of facilities.

Applicant: _____

Date: _____

Organization: _____

Date: _____

**APPLICATION FOR USE OF SCHOOL FACILITIES
(One application per facility)**

Organization: _____ Location Requested: _____

Date(s) Requested: _____

Days Requested: _____

No more than 4 days per week allowed, including tournaments.

Time requested:

Start Time: _____ End Time: _____ Start Time: _____ End Time: _____

Use of facility must be completed by 9:30 p.m. Monday - Saturday, and by 6:00 p.m. on Sunday.

Request:

- _____ CAFETERIA
- Public Address System
- Kitchen
- Lectern
- Chairs
- Tables

- _____ GYMNASIUM
- Bleachers
- Public Address System
- Lavatories

- _____ FIELDS/GROUNDS
- Lavatories

Facility Use

_____ Practices
_____ Competitions / Tournaments
Admission charge: \$_____ per person

A list of dates for competitions/ tournaments and the anticipated number of people in attendance must be provided. The sponsor must be present until the activity is concluded.

Sponsor: _____ Signature: _____

Address: _____

Phone: _____ (C): _____

Email Address: _____

Alternate Contact: _____ Phone: _____

The sponsor, by signature affirms that he/she will: Abide by the Rules and Regulations pertaining to the use and/or rental of said facilities, and is in agreement with the Indemnifications and Insurance Provisions, and agrees to be responsible for paying the Winslow Township School District any billable fees as per Board Regulation #7510.

Approval:
Principal: _____
Date: _____

Athletic Director: _____
Date: _____

B.A. /B.S.: _____
Date: _____

Board of Ed.
Date: _____

WINSLOW TOWNSHIP BOARD OF EDUCATION
USE OF SCHOOL 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 Winslow Township 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, liability insurance as provided herein. The Lessee shall provide the BOE with current certificate of insurance for all coverage's 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 Winslow Township Board of Education.

1. Comprehensive 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 an endorsement (broad form) for the contractual liability.

The Winslow Township Board of Education shall be listed as an additionally named insured and Certificate holder. (See sample attached)

Limits of Liability – coverage required is a minimum of \$1,000,000.

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.

Deliver to: Tyra McCoy-Boyle, Business Administrator/Board Secretary
Winslow Township Board of Education
40 Cooper Folly Road
Atco, NJ 08004

The required Certificate(s) of Insurance and Hold Harmless/Indemnity Agreement. **Failure to deliver the required Certificate(s) of Insurance and Hold Harmless/Indemnity Agreement shall prohibit use of any school facility.**

INDEMNITY AGREEMENT

This agreement is made this _____ by and between
(Date)

_____ having its offices and place of business at
(Name of Lessee)

_____ (hereinafter referred to as "Occupant") and the Winslow Township
(Lessee Address)

Board of Education, 40 Coopers Folly Road, Atco, New Jersey (hereinafter referred to as "Board of Education").

In consideration of the mutual covenants contained herein and other valuable considerations. It is agreed by and between the parties as follows:

1. **Use of Occupancy.** Board of Education agrees to permit Occupant to use and occupy

Board of Education's premises located at _____, Room _____,
(School Name)

Township of Winslow, Camden County, New Jersey, on _____,
(Date)

for the purposes of rental of facilities, on condition that Occupant hold Board of Education harmless from any loss, damage, or liability that Board of Education may suffer arising out of or in any way connected with the Occupant's use and occupancy of the Board of Education facilities set forth above.

2. **Indemnification.** Occupant shall defend, indemnify, protect, save, and hold harmless the Board of Education, its officers, agents, and employees from any and all liability, claims, fines, suits, losses, demands, actions, damages, and costs of any kind and nature, arising or claimed to arise through any fault, failure, negligence, or responsibility of the Occupant, its agents, officers, employees, invitees or guests, in connection with Occupant's use and occupancy of the Board of Education's facilities set forth above, including, but not limited to, the cost of investigation, court costs, reasonable counsel fees, settlements, judgments, or otherwise.

Signature of responsible officer for organization:

Megan's Law
Community Group Registration Form

N.J.S.A. 2C:7-1, et seq., commonly known as "Megan's Law", entitles community organizations with supervisory control over children and victims' groups to information concerning the release of known sexual offenders who meet certain criteria.

Pursuant to the law, organizations must register with the local law enforcement agency. Organizations and groups to be included on the notification list are to be limited to those groups, agencies and organizations that own or operate an establishment where children gather under their care or where women are cared for. The Camden County Prosecutor's Office shall then determine which organizations meet these requirements.

Please fill out the form below and return it to the appropriate police agency. If the Prosecutor's Office determines that your organization or agency qualifies under the law, you will be notified of the release and whereabouts of certain sex offenders.

Date of Registration: _____ Name of Group: _____

Physical Location / Address Where Group Meets

Person(s) to receive Notification.

Name: _____ Address: _____
Phone: _____

For Athletic Associations:

Location(s) of facility Used:

Contact: _____ Address: _____
Phone: _____

Age of Children Participating: _____

Objective of Organization: _____

TO POLICE DEPARTMENT:

This form must be forwarded to the **Camden County Prosecutor's Office**, Attention **MEGAN'S LAW UNIT, 25 NORTH FIRTH STREET, CAMDEN, NEW JERSEY 08102.**

Please complete if using School 1 - 6

