

**Must be submitted to Lisa Bergeron at bergeronl@gtsd.net or at SMS at least 10 days in advance of event.
Event may not take place without prior written approval.**

Date of Request: _____ **Organization:** _____

Date of Event: _____ **Contact Person:** _____ **Phone No:** _____

Contact Person Email: _____

Building Requested: Greenwich School Stewartsville Middle School **Start Time:** _____ Include set up

Area Requested: Field Gym Classroom Cafeteria **End Time:** _____ and break down.

Purpose: _____

Equipment Requested: _____

Number of Participants per Session: _____ **Number of Adult Supervisors/Coaches per Session:** _____

NOTE: Minimum 1 adult per 15 minors per session.

Hold Harmless Agreement.

I/We hereby release, discharge, covenant not to sue, and agree to hold harmless the Greenwich Township Board of Education, its Board members, administrators, directors, agents, volunteers, and employees, (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operations and further agree that if, despite this release, I/we, or anyone on behalf of me/us, or any person or participant in my/our activity identified on this document, makes a claim against any of the Releases named above, I/WE WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF SUCH CLAIM.

Signature of Contact Person: _____ **Date:** _____

Certification.

I/We have read Policy and Regulation 7510 Use of School Facilities and Policy and Regulation 2431.4 Prevention and Treatment of Sports Related Concussions and Head Injuries, which are posted on the district website, and agree to abide by them and to be responsible for the organization/group requesting use of school facilities.

I/We agree to the following:

1. All exterior doors shall remain closed and locked at all times.
2. Food and beverages shall not be taken into the gymnasium.
3. Cleats shall be removed before entering the school building.
4. Gum chewing shall not be permitted in school buildings.

Signature of Contact Person: _____ **Signature of Event Supervisor:** _____

Date: _____ **Date:** _____

Submittal. This request will be reviewed when the following information is received:

1. Completed Request for Use of Facilities Form, including Hold Harmless Agreement signature and Certification signatures.
2. Certificate of Liability Insurance for at least \$1 million naming Greenwich Township BOE as additional insured.

If the event is cancelled, please contact Lisa Bergeron to reschedule.

District Use Only

Request Approved Request Denied

Reason for Denial: _____

Principal's Signature: _____ **Date:** _____