

RyeNeck Schools

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**310 Hornidge Road
Mamaroneck, NY 10543
914-777-5200 FAX 914-777-5201**
APPLICATION FOR USE OF DISTRICT FACILITIES
PTSA committee head or PTSA VP complete

Today's date: _____ Date(s) requested: _____

School requested: _____ Room: _____

INFORMATION ABOUT GROUP

Name of organization or individual: _____

Grade(s) attending: _____

Time: _____ to _____. Supervisor in charge: _____

Email address: _____

Telephone: (day) _____ (evening) _____

INFORMATION ABOUT INTENDED USE OF SCHOOL DISTRICT FACILITIES

Purpose of use: _____

Total participants expected: _____ Adults: _____ Children: _____

Is equipment required? Yes _____ No _____

If needed, state what type and for what purpose: _____

Number of overtime custodians/groundsmen requested: _____

Duties to be performed _____

AGREEMENT

_____ does covenant and agree to defend, indemnify and hold
 (name of facility user)
 harmless the Rye Neck Union Free School District, its' Board, employees and volunteers, from and against any and all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in any way connected with the actual or proposed use of Rye Neck Union Free School District, property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, contractor or subcontractor of _____.
 (name of facility user)
 _____ understands and agrees that its use of Rye Neck
 (name of facility user)
 Union Free School District property and facilities includes, but is not limited to, all areas identified in the application and/or permit, and sidewalks, walkways, parking lots, entrances, stairs, and all other areas incidental to and/or connected with the use of the premises (hereinafter referred to as "incidental areas"). _____ agrees that its
 (name of facility user)
 indemnity and insurance obligations extend to the areas identified in the application and/or permit and any and all incidental areas.

The undersigned has the actual authority to legally bind the organization(s) or individual(s) requesting use of facilities.

Signature of PTSA President

Date

Signature of organization/individual

Date

Signature of Principal/Administrator

Date

Signature of Superintendent

Date