

Campbell County School District

APPLICATION FOR USE OF SCHOOL BUILDINGS/FACILITIES EQUIPMENT

- A. Building/Facility/Equipment to be used: Building _____ Room _____
 Facilities Aquatic Center Parking lot Equipment _____
 Other (Please explain) _____
- B. Organization requesting use: Post 42 Legion Baseball /thru CC Rec. Dept. _____ Yes _____ ☒ No
 How many participants? _____
- C. Will admission be charged? _____ Yes _____ ☒ No If yes, fee charged (amount & description): _____
- D. Is this a community service project? _____ Yes _____ ☒ No If yes, indicate how community benefits: _____
- E. Function to be performed? _____ Conference _____ Recital _____ Meeting _____ Physical Activities _____ Musical/Concert
 Other (list activity) North Star Amusement Carnival
- F. Use: Short Term: Date 6/4/18 - 6/11/18 Day of Week (please circle): Mon/Tues/Wed/Thurs/Fri/Sat/Sun
 Time: _____ a.m./p.m. to _____ a.m./p.m. (first person in to last person out)
 Long Term: Inclusive Dates: _____ to _____
 Time: _____ a.m./p.m. to _____ a.m./p.m. (first person in to last person out)
 Dates Excluded: _____

***NOTE: NO SCHOOL SPONSORED YOUTH ACTIVITY IN DISTRICT BUILDINGS AFTER 6:00 P.M. ON WEDNESDAY NIGHTS.**

- G. Special Conditions/Equipment needed: _____
- H. Person in charge/responsible: Nate Perleberg / Brad Powell Head Coach - Post 42
 (Typed or Printed Name) (Title)
 Complete Mailing Address: 4 Republic Lane Telephone (Home) - 670-0143 (Brad)
Collette NY 82116 (Work) 689-4542 (Nate)

CONDITIONS FOR BUILDING USE

1. All users shall leave the building by 10:00 p.m.
2. Food may be allowed only in certain restricted areas.
3. No alcohol or controlled substances or person(s) under the influence of alcohol or controlled substances are allowed on District properties.
4. Building supervisors will have access to the facilities at all times.
5. The person who signs the application is solely responsible for the care and protection of the building, grounds, and equipment and must see that the condition of the facility after the activity is the same as, or better than, its condition before the activity.
6. Scheduled activities may be canceled because District activities have first priority.
7. A schedule of events or explanation of planned activities must be furnished upon request.
8. Building supervisors will have the right to revoke privileges of outside groups at any time for just cause and may establish building-specific conditions for community use of facilities.
9. Buildings will not be committed to outside groups for extended periods of time.
10. Users must, as a condition of use, assume full liability for any personal injuries and for theft of personal or School District property.
11. Specific rules for individual buildings will be furnished by the supervisor in charge.
12. No "tipping" of school employees is allowed.
13. Groups bringing in equipment will state its intended use. This is to avoid damage to the building.
14. Groups will confine themselves to the area of the building they have permission to use.
15. Adult supervision is required of all activities.
16. Schools reserve all concession rights.
17. The person who signs the application is responsible to contact the building supervisor with changes or to cancel the building use at least 7 days prior to the scheduled activity.
18. No school-sponsored youth activities will be scheduled in District buildings after 6 p.m. on Wednesday nights.
19. Policy 4336 - As of March 1, 2004, the use of tobacco products by employees, patrons, and visitors on any School District property is prohibited.

I have read and agree to adhere to the above conditions: ☒ Yes _____ No _____

Signature: Brad Powell Date: 6/24/18

FOR SCHOOL DISTRICT USE ONLY

Date Received at School: 6-24-18

Special Instructions/Building Comments: _____

Custodial Staff Assignment: _____

Charges: _____ No Charge _____ \$ _____ per hour _____ Hours \$ _____ Total Charge

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
McGowan & Company, Inc.
20595 Lorain Rd
Fairview Park OH 44126

CONTACT NAME: Jennifer Wolfe

PHONE (A/C, No, Ext): 440-333-6300 x5412

FAX (A/C, No): 440-333-3214

E-MAIL: JWolfe@mcgowaninsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Everest National Ins. Company

10120

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
North Star Amusements, Inc.
PO Box 353
Bridger MT 59014

NORTSTA-08

COVERAGES

CERTIFICATE NUMBER: 918570488

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		518ML01489181	4/15/2018	4/15/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPIOP AGG \$ 2,000,000
						\$
	<input type="checkbox"/> AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
						\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$				\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A			PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Regarding General Liability: The following are named as Additional Insured with respects to the operations of the Named Insured as required by written contract
Only
CAMPBELL COUNTY SCHOOL DISTRICT & ITS EMPLOYEES WITH RESPECT TO NEGLIGENCE OF NAMED INSURE ONLY
DATES JUNE 4-11, 2018

CERTIFICATE HOLDER

Campbell County School District
800 E. Warlow Drive
Gillette WY 82716
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE