

**Shelbyville Central Schools  
APPLICATION FOR SCHOOL FACILITIES USAGE**

**\*\* Must be filled out at least two weeks in advance and submitted to building principal \*\***

After all necessary building approval has been given, the request form will be sent to the Central Office for final approval and billing estimate. **Certificate of Liability Insurance must be included before final approval will be given.**

<b>Name of Organization:</b>	<b>School Building Desired:</b>
<b>Event:</b> (Include Set-Up Requirements)       <b>Estimated number of attendees:</b> _____ <b>Will admission be charged?</b> Yes _____    No _____	<b>Location / Area Desired:</b> (Check All That Apply) <input type="checkbox"/> Elementary Cafeteria / Kitchen (Circle) <input type="checkbox"/> SMS Cafetorium (House Lts. & Mic Only) <input type="checkbox"/> SMS Kitchen <input type="checkbox"/> SHS Cafeteria / Kitchen (Circle) <input type="checkbox"/> SHS Breck Auditorium (House Lts. & Mic Only) <input type="checkbox"/> Elementary Gymnasium <input type="checkbox"/> SMS Gymnasium Lower / Upper (Circle) <input type="checkbox"/> SHS Garrett Gymnasium <input type="checkbox"/> SHS Auxiliary Gymnasium <input type="checkbox"/> Athletic Field _____ <input type="checkbox"/> SHS Golden Bear Room <input type="checkbox"/> SMS Media Center <input type="checkbox"/> SHS Media Center <input type="checkbox"/> Classrooms # required _____ <input type="checkbox"/> Restrooms <input type="checkbox"/> SMS Pool <b>See Attached Lifeguard Requirements for Use of Pool</b> <input type="checkbox"/> SHS Pool <input type="checkbox"/> Other: _____
<b>Date(s) &amp; Time(s) of Event:</b>	
<b>Name of Contact Person:</b>	
<b>Title/Position:</b>	
<b>Billing Address:</b>	<b>Will additional custodial, food service and/or technology support be required?</b> (Check All That Apply) <input type="checkbox"/> Custodial Support <input type="checkbox"/> Use of Light Board (Auditorium) <input type="checkbox"/> Use of Overhead Projector and Screen <input type="checkbox"/> Use of Kitchen Equipment (refrigerator, oven, etc.) Please specify: _____ <input type="checkbox"/> Caterer: _____
<b>Contact Phone &amp; Fax Number:</b>	
<b>Contact E-mail Address:</b>	

**\*\* WARNING \*\***

**Under Indiana law, a school is not liable for an injury to, or the death of, a participant in physical fitness activities at this location if the death or injury results from the inherent risks of the physical fitness activity.**

**Inherent risks of physical fitness activities include risks of injury inherent in exercise, the nature of a sport, the use of exercise equipment, or the use of a facility provided by a school. Inherent risks also include the potential that you may act in a negligent manner that may contribute to your injury or death, or that other participants may act in a manner that may result in injury or death to you.**

**You are assuming the risk of participating in this physical fitness activity.**

I (We) have read and fully understand the rules and regulations governing the use of facilities and equipment and agree to abide by the same and to be responsible for any damage to school property due to such occupancy and for the strict observance of the rules and regulations of the Board of School Trustees relative to the use of such facilities.

Facility User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ By Name of Office Personnel: \_\_\_\_\_

• Supervisor of Custodians: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

• Food Service Director: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Shelbyville Central Schools**  
**APPLICATION FOR SCHOOL FACILITIES USAGE**

**Rules and Regulations**

1. Facility User shall insure risk by carrying standard liability insurance, in such amounts as are satisfactory to the Shelbyville Central Schools, insuring the school corporation's liability as well as the Facility User. Evidence of such liability insurance shall be in the form of a **Certificate of Liability Insurance in the amount of one million dollars** submitted as part of this application.
2. The undersigned or designee acting in behalf of the organization submitting the usage application agrees to be in attendance throughout the stated hours and date of usage and to be responsible to school officials for the proper conduct of the activity and for proper care of school facilities. Shelbyville Central Schools are no smoking environments. **Smoking is not permitted in the buildings or on any of the grounds.** The violation of any rule, regulation, or policy may result in the forfeiture of future rental privileges or in the cancellation of the contract.
3. It is understood that these facilities will be returned in the same condition that they were found prior to usage. The renter/user, through its officers and designated representatives, agrees that prompt and full payment for any damage or loss to school property will be made on notification by school authorities.
4. No food, refreshments, or Food Service Equipment is to be brought into the building without written permission accompanying this approval. **No red/purple-based punch is allowed.**
5. School maintenance personnel must be consulted, prior to usage, when power equipment requirements are greater than 15 AMPS.
6. The undersigned agrees to reimburse the Shelbyville Central Schools for expenses incurred as a result of the above usage in the amount as determined by Shelbyville Central Schools. Full payment is to be paid within 30 days of the billing date. Checks shall be made payable to Shelbyville Central Schools and submitted to the Superintendent.
7. **After approval is granted, the Facility User must contact the Supervisor of Custodians and if kitchen facilities will be used, the Director of Food Service at least five (5) working days before the event to make final arrangements for the facility use and equipment needed.**

**Shelbyville Central Schools**  
**[www.shelbycs.org](http://www.shelbycs.org)**

**Shelbyville Central Schools**  
803 St. Joseph Street  
Shelbyville, IN 46176  
317-392-2505  
317-392-5737 fax  
Dr. David Adams, Superintendent

**Loper Elementary School**  
901 Loper Drive  
Shelbyville, IN 46176  
317-398-9725  
317-392-5732 fax  
Brent Baker, Principal

**Coulston Elementary School**  
121 Knightstown Road  
Shelbyville, IN 46176  
317-398-3185  
317-392-5721 fax  
Jim Conner, Principal

**Shelbyville Middle School**  
1200 W. McKay Road  
Shelbyville, IN 46176  
317-392-2551  
317-392-5713 fax  
Ryan Mikus, Principal

**Hendricks Elementary School**  
1111 St. Joseph St.  
Shelbyville, IN 46176  
317-398-7432  
317-392-5725 fax  
Pat Lumbley, Principal

**Shelbyville High School**  
2003 S. Miller Street  
Shelbyville, IN 46176  
317-398-9731  
317-392-5709 fax  
Kathleen Miltz, Principal  
Paul Heidenreich, Athletic Director

**Shelbyville Central Schools**  
**APPLICATION FOR SCHOOL FACILITIES USAGE**  
**Approval Form - For Internal Use Only**

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**AUDITORIUM (SHS) / CAFETORIUM (SMS) / MEDIA CENTER**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_  
Band/Music Director / Media Center Director Signature

\_\_\_\_\_  
Date

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**ATHLETIC / PE (Gymnasiums & Fields)**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_  
Athletic Director Signature

\_\_\_\_\_  
Date

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**FOOD SERVICE (Cafeterias)**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_  
Food Service Director Signature

\_\_\_\_\_  
Date

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**CUSTODIAL**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_  
Custodial Supervisor Signature

\_\_\_\_\_  
Date

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**ADMINISTRATION**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_  
Building Principal Signature

\_\_\_\_\_  
Date

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**SUPERINTENDENT'S OFFICE**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

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Facility User notified of approval and estimate Date: \_\_\_\_\_ Initials: \_\_\_\_\_

MINIMUM SUPERVISION REQUIREMENTS  
FOR  
SHS AND SMS SWIMMING POOLS

**Swim Classes During The School Day**

Supervision by the teacher (Water Safety Instructor certified), one (1) adult (Lifeguard certified) employed by Shelbyville Central Schools and two (2) or more student spotters from class.

**Swim Practices and Meets (Including Elementary Teams and Organized Private Teams)**

Supervision by the coach(es).

**Other School Sponsored Swimming (Including Elementary)**

Supervision by one (1) certified adult lifeguard, age 18 or older, (who possesses current certificates for the following: 1) current basic lifeguarding, 2) lifeguard training, 3) Cardiopulmonary resuscitation (adult, child and infant), and 4) standard first aid course), and one (1) other certified lifeguard per 25 swimmers.

**Other Non-School Sponsored Swimming**

Supervision by one (1) certified adult lifeguard, age 18 or older, (who possesses current certificates for the following: 1) current basic lifeguarding, 2) lifeguard training, 3) Cardiopulmonary resuscitation (adult, child, and infant), and 4) standard first aid course) and one (1) other certified lifeguard per 25 swimmers.

**Non-School Sponsored Instructional Activities**

One (1) certified lifeguard, age 16 or older, (who possesses current certificates for the following: 1) current basic life guarding, 2) lifeguard training, 3) Cardiopulmonary resuscitation (adult, child, and infant), and 4) standard first aid course) and an appropriate number of certified instructors for the type of instruction being offered. An adult, age 18 or older must be present at all times. This person can be one of the instructors or the lifeguard if they are over age 18.

**General Rules**

When the swimming pool is not open for use, access to the pool shall be prevented by a fixed barrier with a locked entrance and a sign stating "POOL CLOSED" in clearly legible letters at least four (4) inches high affixed to the entrance enclosure.

When on duty in non-competitive swimming situations, lifeguards shall not perform any duties other than lifeguarding and shall not be in the water except in the line of duty.

Water Safety Instructor and lifeguard certification must come from the Red Cross or the YMCA.

Lifeguards must be dressed in swimsuits. Shorts may be worn over swimsuits. Swim shoes may be worn.

During swim classes, if both the required WSI certified teacher and the required lifeguard are not present at any time, the swimmers must get out of the pool.

In non-competitive and non-class situations, if both the required adult certified lifeguard and the required lifeguard(s) are not present at any time, the swimmers must get out of the pool.

**Signature Below Indicates Groups/Organizations Are Responsible To Follow Rules Listed Above:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Shelbyville Central Schools - Insurance Guidelines**

All Suppliers, Customers Subcontractors, Contractors, Sub-subcontractors and any agents or employees of the aforementioned, shall at its own cost and expense, at all times during the term of this Agreement, must comply and maintain the following 8 items for the approval of their certificate in the Shelbyville Central School Corporation purchasing system. If approved and only if necessary, an exception may be granted on the liability limits only by taking into account the risk factor involved and the following guidelines:

**This insured must first contact the School Corporation's administrator handling their account. Only they can determine the risk factor of the work involved or the risk involved in the area of the school corporation they will be working. If the buyer approves a lower liability limit, then they must acquire written approval, the buyer will inform the supplier. At this time, the certificate may be reissued with the agreed upon liability limits. (Exceptions may be authorized on the liability limits only; every other requirement applies for all suppliers.)**

1. **Commercial General Liability:** Commercial General Liability insurance coverage in an amount not less than \$1,000,000 per occurrence and \$2,000,000 aggregate. (Amounts subject to modification only by written consent of USS purchasing manager as noted above.)

The policy shall contain and/or endorsed to include the following coverages:

- (a) Premises/Operations;
- (b) Products/Completed Operations;
- (c) Medical payments;
- (d) Contractual Liability;
- (e) Independent Contractors;
- (f) Broad form property damage;
- (g) Personal and Advertising Injury (\$1,000,000 Each Occurrence);
- (h) Separation of Insureds (Severability of Interest)

The insurance must be written on an "occurrence" form, please note "occurrence" coverage on the certificate – "claims made" coverage is not acceptable. Products and completed operations to be maintained for 5 years after final payment.

Additional Insured Endorsement CG 20 10 (or a substitute endorsement providing equivalent coverage) must be provided with your certificate and shall state as follows: ***"Shelbyville Central Schools and its' affiliates, including all divisions and subsidiaries shall be named as an Additional Insured on a primary and non-contributory basis."***

2. **Commercial Automobile:** Comprehensive automobile liability insurance coverage (insuring all owned, leased, rented, hired and non-owned Autos) in an amount not less than \$1,000,000 combined single limit (CSL).

3. **Workers' Compensation and Employer's Liability:** Workers' compensation statutory limits; employer's liability not less than \$100,000 each accident, \$500,000 disease-each employee and \$100,000 disease-policy limit.
4. **Excess/Umbrella:** Excess and/or umbrella liability in an amount not less than \$1,000,000. Excess liability must state what underlying coverage is applicable to if not provided in umbrella form.
5. **Carrier Financial Ratings:** Coverage may be written with either a licensed or non-admitted company provided the non-admitted company is: (1) listed as approved to do business in the state the work is performed by the Department of insurance (2) Carriers with a financial rating of A-, FSC VII or better by A.M. Best.
6. **Cancellation Notice:** No revision of the standard certificate form may be made to allow any less than thirty (30) days prior written notice for cancellation of any of the of the aforementioned insurance policies or to process a request to delete certificate holder as described in item 8 as an additional insured.
7. **Certificate Holder:** The following address must always be shown regardless of where the work is performed:

**Shelbyville Central Schools  
Attn: Gail Procell  
803 St. Joseph St.  
Shelbyville, IN 46176**

8. **Additional Insured; Waiver of Subrogation:** Include on the certificate in the Special Provisions section with respect to all policies and list as quoted below:
9. "Shelbyville Central Schools and its' affiliates, including all divisions and subsidiaries shall be named as Additional Insured on a primary and non-contributory basis for all policies except workers' compensation. Provide a waiver of subrogation in favor of Shelbyville Central Schools and its' affiliates, including all divisions and subsidiaries pertaining to the Commercial General Liability, Automobile Liability and where permitted by statute, Workers' Compensation"
10. **Additional Requirement:** Some customer's contracts with Shelbyville Central Schools specify an additional requirement of carrying Environmental Impairment Insurance and/or Professional Liability Insurance, in which case an amount not less than \$5,000,000 per loss shall be maintained, items 4. through 8. above also apply.