



SCHOOL FACILITIES RENTAL FORM

North Shore School District 112

E: rental@nssd112.org

Name of School Desired: _____ Date: _____
List of Activity Date(s): _____ Size of Audience: _____
Name of Sponsoring Activity (Circle One): NSSD112 Park District Other
Specific room(s) and/or space needed: _____
Total time facility will be needed: From _____ to _____
Hours of Activity: From _____ to _____
Responsible Party Contact Name: _____ Phone: _____
Email address: _____ Need custodian: YES ___ MAYBE ___ NO ___
Number of Adult Supervisors: ___ One (1) adult supervisor per every ten (10) school aged child

BLUE BOX POLICE PULL STATIONS ARE TO BE USED ONLY FOR ACTIVE SHOOTER SITUATIONS

The undersigned applicant for the use of the facilities of North Shore School District 112, Lake County, Illinois (the "School District"), hereby agrees and promises to indemnify, hold harmless and, at the option of the School District, defend the School District from any claim for property damage or personal injury, including death, and from any loss arising out of the use granted by the School District and/or the failure of the applicant to perform any obligation to the School District under its rules on the use of school facilities. The loss includes, but is not limited to, the School District's reasonable attorney's fees and costs and expenses of an investigation, litigation and/or settlement of any such claim or loss. The term "School District" includes the Regional Board of School Trustees, the Board of Education and its members, employees, and agents in their official and individual capacities.

The undersigned further agrees that no alcoholic beverages will be served or consumed in connection with the use of school facilities. Additionally, No smoking is allowed in any of the School District facilities or on any District site. All School District rules concerning facility use will be met and a minimum \$1,000,000 Certificate of Insurance and/or insurance policy satisfactory to the School District is required by the School District for all events.

APPROPRIATE CERTIFICATE OF INSURANCE OR INSURANCE POLICY REQUIRED PRIOR TO EVENT DATE
(See attached provisions for AED use)

Name: _____
(PRINT NAME OF APPLICANT) (SIGNATURE)

Organization: _____ Phone: _____ Fax: _____

Address: _____ Email address: _____

(ALL THE ABOVE INFORMATION IS NECESSARY PRIOR TO APPROVAL)

(PLEASE DO NOT WRITE BELOW THIS LINE/FOR OFFICE USE ONLY)

Approved: _____ Denied: _____ Date: _____
Principal Signature

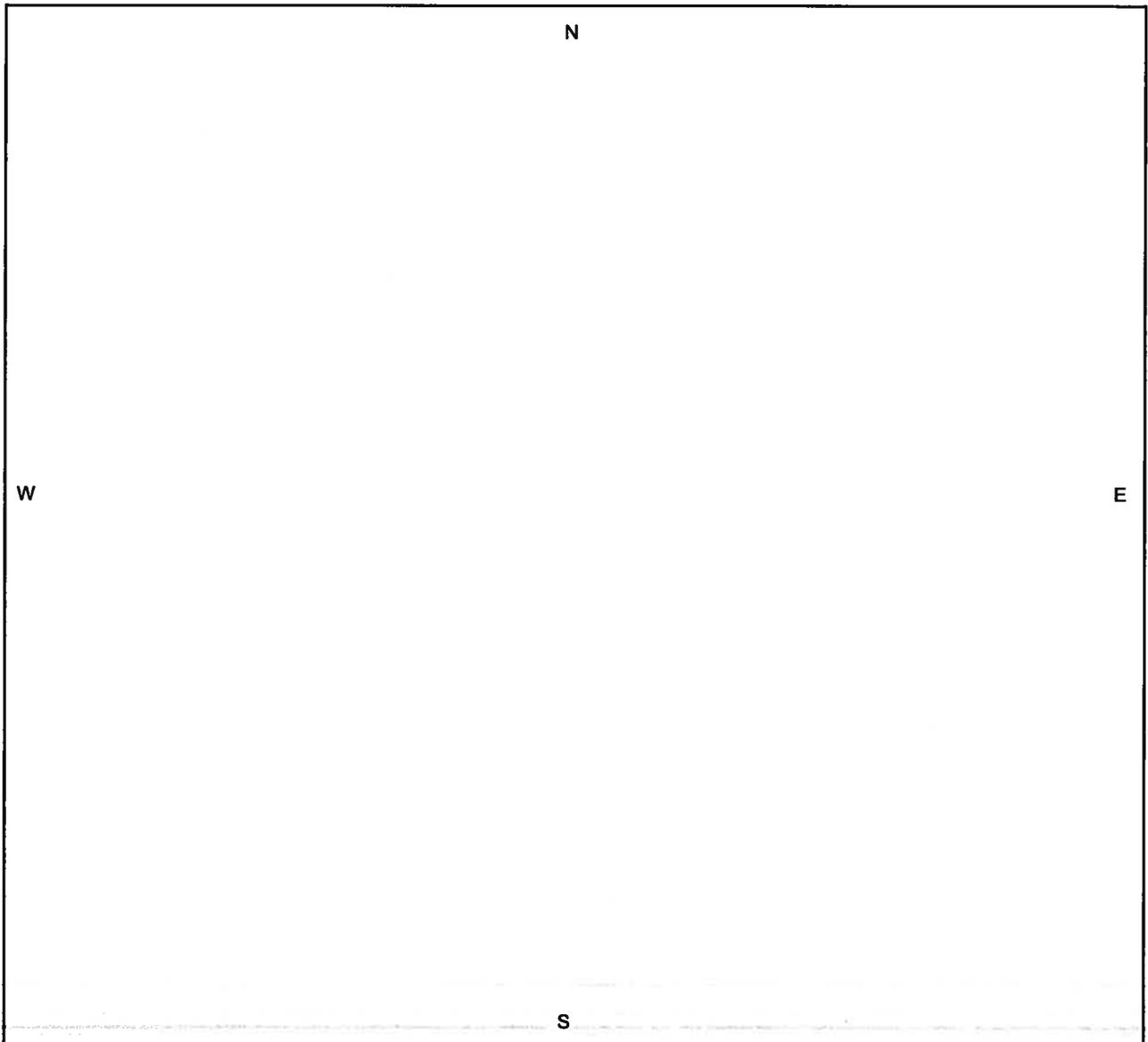
Approved: _____ Denied: _____ Date: _____
Director of Operations



Remittance of the above amount due is expected upon receipt of this confirmation and use of the facility. Any unexpected charges may be billed at a later date. **Make a check payable to North Shore School District 112 and send it to the Business Office, 1936 Green Bay Road, Highland Park, IL 60035.**

DIAGRAM PAGE

Indicate special instructions for setup on the diagram below. If more than one room is requested, make a separate diagram for each room.



NORTH SHORE SCHOOL DISTRICT 112:



AED PROVISIONS LANGUAGE FOR FACILITIES USE AGREEMENT

Organizations that use the District's indoor physical fitness facilities are required to familiarize themselves with the District's medical emergency plan and have an AED (Automated External Defibrillator) device present during all indoor physical fitness activities. If such use occurs during staffed business hours, the renting organization shall also ensure that there is a trained AED user present. The renting organization agrees to comply with all laws pertaining to AEDs during the organization's use of the District facilities. The renting organization shall indemnify and hold harmless the District and its board members, agents, officers, employees, volunteers, successors, and assigns as additional insured's.- Effective: 7/1/2010