

APPENDIX C



INDEMNIFICATION FOR USE OF SCHOOL PROPERTY

In consideration of permission granted by School District #99, Cook County, Illinois, to the undersigned to use the following school facilities:

School: _____

Room: _____

Date/Day (s): _____

Time: _____

for the purpose of _____

the undersigned, its heirs, executors, administrators, successors and assigns, hereby agrees to hold harmless, by operation of law or otherwise, School District #99, its officers, employees, agents, servants, successors and assigns, and to assume all responsibility for and to defend, pay or otherwise settle all claims, demands, actions or causes of action of every nature and character whatsoever in law or in equity, or loss damage or injury to any and all persons or property arising out of the use of said facilities by the undersigned. The undersigned further releases, discharges and waives School District #99, its officers, employees, agents, servants, successors and assigns, from any and all liabilities, claims, demands, actions or causes of action of every nature and character whatsoever, arising out of the use of said school facilities by the undersigned, and to indemnify and hold harmless School District #99, its officers, employees, agents, servants, successors and assigns, from loss or damage. School District #99, its officers, employees, agents, servants, successors and assigns, assume no responsibility for the condition of said school facilities or for the security of or damage to any personal property located on land owned or controlled by School District #99, which may be utilized by the undersigned in the use of said school facilities.

TOTAL ESTIMATE CHARGES: _____ **See page 3 for breakdown of charges.**

DATED this _____ day of _____ 20____

Organization Name

Signature of Applicant

Print name of Applicant

Address

Home Telephone Number

Business Telephone Number

Cell phone Number

APPENDIX D

**CICERO SCHOOL DISTRICT #99
5110 W. 24TH STREET – CICERO, IL 60804**

The undersigned representative (s) of _____ requests permission to use
(Name of school /location) _____ on (please specify exact
dates & days) _____
from _____ a.m./p.m. to _____ a.m./p.m. in Room or Area _____
Set-up and Tear Down Times: _____
Description of Organization: _____
Description of Event: _____
Are minors being supervised without parent/guardian present? Yes _____ No _____

BACKGROUND CHECK

Individuals who will or may have direct contact supervising minors may be subject to a background check administered by the District. Any fees associated with the background check shall be covered by the applicant. Please provide the names of all individuals who will or may be supervising minors, including substitutions.*

INDIVIDUALS PRESENT WILL BE (check all that apply):

Check if Applicable	Classification	Check if Applicable	Classification
☐	Dist. 99 Residents Only	☐	Profit/Business Enterprise
☐	Dist. Parent Organization	☐	Cicero Non-Profit Community Group
☐	Dist. Student/Staff Group Activity	☐	Non-Profit Community Group (inside Cicero)
☐	Non-District Residents	☐	Non-Profit Community Group (outside Cicero)

TOTAL APPROXIMATE ATTENDANCE: _____

AMOUNT OF ADMISSION, if any \$ _____

Any profits derived from this use of District #99 facilities will be given to or used for _____

This applicant plans to use the following school equipment/services (check all requests):

Check if Applicable	Equipment Needed	Check if Applicable	Equipment Needed	Check if Applicable	Equipment Needed
	PA system w/operator*		Full Stage*		Tables (quantity)
	Screens*		Lecture & Podium*		Lights for turf field
	Overhead Projector*		Chairs (quantity)		Other

NOTE:

Only those items checked above shall be furnished by Cicero School District #99, when available at the locations requested. Tools, drop cords, ladders, etc. shall not be furnished at any time.

Will applicant bring equipment? _____ Yes _____ No If yes, please specify _____

***Additional fees may apply**

Note: There is a minimum of an eight-hour rental on days when school is not in session. i.e. weekends and holidays

Facility	Cost per hour/per day	Facility	Cost per hour/per day
Elementary Gymnasium	\$100.00	Custodial Fees	\$60.00
Unity Gymnasium (per court)	\$60.00	Administrator Fees	\$65.00
Unity entire Gymnasium *tournaments require full gym rental	\$360.00	Janitorial Supplies	\$85.00
Unity Turf (no lights needed)	\$200.00	Unity Turf (with lights)	\$250.00
Cafetorium	\$50.00	Waste Disposal	\$85.00
Parking Lot	\$25.00	Background Check (Required for supervision of D99 students that will not be present with guardian)	\$28.25 per person
Security Fees	\$36.00		

****If multiple dates are scheduled then rates may vary - Long term rental agreements may be offered a reduced rate.***

At Unity - Tournaments require full gym rental

Charges will be applied for the use of the school equipment, see the Policy and Procedure for complete breakdown of fees.

Completed applications should be emailed to: Ruthie Jennings (rjennings@cicd99.edu)

For any questions or concerns, please call Ruthie Jennings 708-863-4856 ext. 68123

The estimated charges for the event specified on the approved application are below:

ADMINISTRATOR WHO REVIEWED APPLICATION: _____
NAME

DATE REVIEWED: _____ **AVAILABILITY: YES** _____ **NO** _____

Space Needed:			
Fee	Rate	Hours Needed	Total for line
Space Fee	see chart		
Custodial Personnel Fee	\$60.00/per hour		
Administrator Personnel Fee	\$65.00/per hour		
Security Personnel Fee	\$35.00/per hour		
Additional Charges	see chart		
Total Cost:			

APPLICANT ACKNOWLEDGES RECEIPT OF THE CICERO SCHOOL DISTRICT #99, CICERO, ILLINOIS FACILITY USAGE POLICIES AND PROCEDURE. IT IS AGREED THAT APPLICANTS SHALL ASSUME ALL RESPONSIBILITY FOR ANY INFRACTIONS OF THE RULES AND REGULATIONS FORTH IN THE POLICY, FOR USE OF THE PREMISES, IN THE EVENT THE PERMIT IS GRANTED. APPLICANT ACKNOWLEDGES THAT THE POLICY AND PROCEDURES ON PAGES 1-6 HAVE BEEN READ AND AGREED TO.

THE UNDERSIGNED REPRESENTATIVE(S) OF THE ORGANIZATION HEREBY AGREE(S) THAT THE ORGANIZATION SHALL ABIDE BY THE FACILITY USAGE POLICY AND PROCEDURE OF THE BOARD OF EDUCATION, CICERO SCHOOL DISTRICT #99, CICERO, ILLINOIS, IN THE EVENT A PERMIT IS ISSUED.

Signature of Supervising Representative: _____

Printed Name: _____

Address: _____ City: _____ IL, Zip Code: _____

Home phone: _____ Business phone: _____

Cell Phone: _____

Names of three (3) person to supervise:

1. _____
(Print Name) (Signature)

2. _____
(Print Name) (Signature)

3. _____
(Print Name) (Signature)

APPROVED:

_____, Secretary of the Board of Education