# LEYTON PUBLIC SCHOOLS KEY FOB APPLICATION

Key Fobs provide access to Leyton High School Weight Room. The weight room is accessible from 5:00am-10:00pm excluding when school is in session. Access to other Leyton facilities and/or equipment is available with administrative approval.

Name:			
Home Phone:			Cell Phone:
Physical Address:			Mailing Address:
City:	State:	Zip:	
Email Address:			<u> </u>
Employer:			_Occupation:
Work Phone:			
Liability Insurance, ch  I/we have covera  I/we have other o  I/we have no insu	ge of \$5 million per coverage, provide our urance coverage	certificate_	
Non-refundable fee of			
			y fob usage. I understand failure to comply with any key fob being disabled.
Name:			Date:

# Key Fob Security and Use

- Key fob holders must be a resident of the district, at least 19 years of age and no longer attending high school.
- Student use is strictly prohibited without parental supervision, unsupervised children/students are prohibited.
- Use of the fitness center is prohibited during school hours and from 10:00pm to 5:00am.
- Doors must remain secure during use. Lights must be turned off and doors locked upon exiting the building.
- Any damage, unnecessary wear, and/or unwarranted damage to the facility and/or equipment will be paid for by the key fob holder responsible at the time of damage.
- Individuals or groups using the facilities/equipment are responsible for cleaning the facility/equipment at the conclusion of use. Responsible parties will be required to pay the cost of cleaning and/or forfeit the future use of the facility/equipment.
- Individuals or groups requiring assistance from district employees shall reimburse the employees at 150% of their regular hourly salary.
- Gym floors must be swept before AND after use
- · Users are not allowed in other areas of the school

### **Terms and Conditions of Use:**

- 1. All users must comply with the school board's facility use and other policies, rules, and regulations. A copy of the board's facility use policy (#3014) is available upon request.
- 2. The facilities are closed from 10PM to 5AM and my not be used during those hours.
- 3. The user(s) named above and the individual(s) signing on behalf of the User agree to defend, indemnify, and hold harmless the school district, its employees and agents for any expense, cost, loss, damage, claim, judgment or claims bill incurred or rendered against same, including attorneys' fees and investigation expenses (pre-suit, suit, trial, appeal, and post appeal proceedings) on account of any intentional or negligent acts or omissions of the user or its employees, agents or servants, or any intentional or negligent acts or omissions of the district or its employees, agents or servants arising out of the use of any facility under this agreement.
- 4. All non-governmental users may be required to provide a certificate of insurance and name the district as an additional insured, on a primary and non-contributory basis, and provide documentation evidencing general liability coverage under an occurrence basis policy, with minimum limits of \$5,000,000.00 per occurrence, combined single limit covering bodily injury, property damage, personal injury, premises, operations, products, completed operations, independent contractors, and contractual liability. These coverage limits may be achieved through a combination of underlying policies and umbrella/excess policies, if preferred. There shall be no exclusions for contracted liability. All governmental users shall provide evidence of insurance or self-insurance to the limits set forth in NEB. REV. STAT. §13-926.
- 5. All users are subject to the fee schedule established by the school board, and all Applicants by signing below verify that they have authority to sign this application on behalf of the listed Organization, and all individuals and agents of organizations certify that they have financial means and authorization to pay for the required fees and deposits, if any.
- 6. I understand and agree that fitness activities including weight lifting may be strenuous and/or hazardous and I should contact a healthcare professional or doctor before beginning nay new activities or weight loss program. I am voluntarily participating in these activities and using the facilities and equipment with full knowledge of the dangers involved. I understand the risks associated with weight lifting in the fitness center and other fitness activities, and that those risks include, but are not limited to, the possibility of muscle strain, broken bones, back injury or head injury, which may be severe in nature and which could result in paralysis or death. I hereby agree to expressly and voluntarily assume and accept any and all risks of injury or death related to these activities.
- 7. I do hereby further declare myself to be physically sound and suffering from no condition, impairment or other illness that would prevent my participation or use of the facilities and equipment. I do further hereby acknowledge that I have been informed of the need for a Physicians approval for my participation in exercise/fitness/weight loss activities or use of equipment. I acknowledge that I have either had a physical examination and have been given my Physician's permission to participate OR that I have decided to participate in activities, use equipment and weight loss without the approval of a Physician and do hereby assume all responsibilities.
- 8. I understand the fitness center will be available to me only during ours designated by the administration when school is not is session, and that I am responsible for my own use of the fitness center and equipment at all times. I will inspect the facilities and equipment of the fitness enter upon each visit before using any equipment.

Applicant's Signature:	Date:
For District Use Only Application Denied Approved, subject to the following	HB
Insurance  ☐ User has provided sufficient proof of insurance.  ☐ User must obtain proof of insurance and list district as additional insured.  ☐ Insurance requirements are waived	
Additional Services Requested/Required Custodial: \$ Kitchen: \$ Technology: \$ None	
Total Fee Required to Grant Use: \$	

# LEYTON PUBLIC SCHOOLS FACILITY/EQUIPMENT USE APPLICATION

Applicant Name:						
Organization Name, if applicable:						
Applicant's position within organization:Address:						
Description of Requested Use:						
Is your organization a registered 501(c)(3) or othe	r nonprofit? □Yes □No					
Date/Dates of Requested Use:						
Time of Requested Use: to						
Approximate Number of People Attending:						
Facility/Room Request	Company					
□Dalton	☐ Gurley					
☐ Gymnasium	☐ Gymnasium					
☐ Locker Rooms	☐ Locker Rooms					
☐ Restrooms	☐ Restrooms					
☐ Multipurpose Room	☐ Concession Area					
☐ Concession Stand	☐ Kitchen (requires hiring School Cook)					
☐ Kitchen (requires hiring School Cook)	☐ Classrooms					
☐ Classrooms	☐ Other (specify)					
☐ Other (specify)	APPLICATION AND					
Equipment Request						
☐ Dalton	☐ Gurley					
☐ Volleyball nets/carts/balls	☐ Volleyball nets/carts/balls					
☐ Basketball goals and balls	☐ Basketball goals and balls					
☐ Scoreboards in gym	☐ Scoreboards in gym					
☐ Sound system in gym	☐ Sound system in gym					
☐ TV in Multipurpose Room	☐ Classroom Projector/Mimio					
☐ Classroom Projector/Mimio	☐ Other (specify)					
☐ Other (specify)						
Liability Incurance, check applicable:						
Liability Insurance, check applicable:  ☐ I/we have coverage of \$5 million per occurrer	nce					
☐ I/we have other coverage, provide certificate:						
☐ I/we have no insurance coverage						

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Applicant's Signature:	Date:	
For District Use Only		
<u>Application</u>		
☐ Denied		
$\square$ Approved, subject to the following		
<u>Insurance</u>		
$\square$ User has provided sufficient proof of insurance.		
$\square$ User must obtain proof of insurance and list district as additional insured.		
☐ Insurance requirements are waived		
Additional Services Requested/Required		
Custodial: \$		
Kitchen: \$		
Technology: \$		
None		
Total Fee Required to Grant Use: \$		