WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3rd Thursday of the following month. I. Name of Organization Person Making Request Are you a Wallkill Central School District Resident? Staff Member in Charge (If Applicable, See Attached Form) Daytime Telephone Number Building/Facilities Requested______ Description of Activity Are the Majority of the Participants Wallkill Central School District Residents? Yes Wednesdays, Will Admission, Fees be Charged or Donations Accepted? If Yes, Specify Community Benefit Date(s)_ Time(s) INSURANCE INFORMATION II. Do you (the requesting organization) have an in-force public liability policy? Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured) No \$1,000,000.00+\$2,000 If yes, what are the limits of liability? RULES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.) Ш.

- A. Board of Education approval is necessary for all athletic related and profit-making activities.
- B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

- C. Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.
- D. Police protection must be arranged for any event when it is deemed necessary by the school administration.
- E. Functions shall be non-exclusive and open to the general public.
- F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

- G. No smoking is allowed on school property.
- H. No one is allowed in areas other than those authorized.
- No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- M. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- N. Vehicles are permitted in authorized parking areas only.
- O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).
- P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- Q. The approval for use of school facilities is revocable at any time without notice.
- R. All school related functions will have priority for use of the building.
- S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.
- T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.
- U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.
- W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

ignature of Representative of Requesting Organization

FOR BUILDING USE ONLY

Director of Operational Services Contacted		
Building Custodian Contacted		
Director of School Lunch Program Contacted		
Athletic Director Contacted		
Sent to District Office for Board Approval		
Other (Please Specify)		
Approved: Habraule (Building Principal's Signature)	_Date	2-6-24
Disapproved:(Building Principal's Signature)	_Date	
**********	* * * * * * *	********
FOR DISTRICT OFFICE USE ON	LY	
Approved: (Assistant Superintendent for Support Services)	_Date	2/7/2024
Disapproved: (Assistant Superintendent for Support Services)	_Date	*
Approval/Disapproval Forwarded To:		
Assistant Superintendent for Educational Services		
Building Principal, Director of School Lunch Program, Director Operational Services, Building Custodian, Athletic Director	or of	

WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

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 It is the responsibility of the sponsor group to notify the public.
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Revised 11/18/2019

FOR BUILDING USE ONLY

Director of Operational Services Contacted		
Building Custodian Contacted		
Director of School Lunch Program Contacted		
Athletic Director Contacted		•
Sent to District Office for Board Approval		
Other (Please Specify)		
Approved:(Building Principal's Signature)	Date	2/7/24
Disapproved:(Building Principal's Signature)	_Date	*
************	****	*****
FOR DISTRICT OFFICE USE ON	LY	
Approved: (Assistant Superintendent for Support Services)	_Date	2/7/2024
Disapproved: (Assistant Superintendent for Support Services)	_Date	
Approval/Disapproval Forwarded To:		
Assistant Superintendent for Educational Services		
Building Principal, Director of School Lunch Program, Director	tor of	

Sadler Sports: SODA

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/ DD/ YYYY) 01/30/2024

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 be endorsed. require an endorsement. A statement on this certificate does not confer rights to the certificate holder in	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, cert n lieu of such endorsement(s).	ain policies may		
PRODUCER	CONTACT NAME: Sports Dept			
SADLER & COMPANY, INC.	PHONE (A/ C, No. Ext): 800-622-7370 FAX (A/ C, No): 803-256-4017			
P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	E- MAIL ADDRESS: soda@sadlersports.com			
GOLGWINIA, GOOTTI CAROLINA 23230-3000	PRODUCER CUSTOMER ID#:			
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC#		
D/ B/ A SPORTSPLEX OPERATORS AND DEVELOPERS ASSOCIATION North Point Athletics Inc.	INSURER A: State National Insurance Company	12831		
12 Peaceful Ct	INSURER B: SeriousPoint America Company			
Wallkill, NY 12589-5923	INSURER C:			
Club #: C.92334	INCUDED D.			

COVERAGES

CERTIFICATE NUMBER

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.

INSD LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/ DD/ YYYY)	POLICY EXP (MM/ DD/ YYYY)	LIMITS	
Α	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR					12:01AM ET	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
			-	OVE-0000286-01	11:38AM ET		MEDICAL EXPENSES (other than participants)	\$5,000
	L				01/30/2024	01/30/2025	PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000,000
	POLICY PROJECT LOC						PRODUCTS- COMP/ OP AGG	\$1,000,000
	OTHER						LEGAL LIAB TO PARTICIPANTS	\$1,000,000
	AUTOMOBILE LIABILITY ANY AUTO						COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
	ALL OWNED AUTOS			n/a	n/ a	n/a	BODILY INJURY (Per person)	
	SCHEDULED AUTOS HIRED AUTOS					.,, .,	BODILY INJURY (Per accident)	
	□ NON- OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
Α	☑ SEXUAL ABUSE / MOLESTATION			OVE-0000286-01	11:38AM ET	12:01AM ET	EACH OCCURRENCE	\$1,000,000
					01/30/2024	01/30/2025	AGGREGATE	\$2,000,000
	□UMBRELLA LIAB □OCCUR						EACH OCCURRENCE	n/ a
	□ EXCESS LIAB □ CLAIMS- MADE □ DEDUCTIBLE □ RETENTION			n/ a	n/ a	n/ a	AGGREGATE	n/ a
		_						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUE	
	ANY PROPRIETOR /	1 1		N/ A			OTHER	
	PARTNER / EXECUTIVE Y/ N OFFICER / MEMBER						E.L. EACH ACCIDENT	
	EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF	1					E.L. DISEASE - EA EOMPLOYEE	
	OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
В	PARTICIPANT ACCIDENT			PHSA-	11:38AM ET	12:01AM ET		
		BAMH-10089-23-	01/30/2024	01/30/2025	EXCESS MEDICAL	\$100,000		
				C.92334	02100/2027	0110012020	AD&D	\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: COVERED Team(s) - Youth - Accident & General Liability Basketball - 4 Team(s) - [Maximum 18 players per team]

Team Names:

• Basketball Teams: Wolves, Raptors, Bulldogs, Huskies

(Accident Package Youth Team: \$100,000 Excess Medical; \$10,000 Accidental Death or Dismemberment; \$250 per claim deductible) (General Liability Package Youth Team: \$2,000,000 Each Occurrence; \$1,000,000 Participant Legal Liability Sublimit; \$1,000,000 Neurodegenerative Sublimit; Waiver/ Release Recommended)

CERTIFICATE HOLDER

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.

Sadler Sports: SODA AUTHORIZED REPRESENTATIVE (company B)

Coverage is only extended to U.S. events and activities
** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

ACORD 25 (2014/01)

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The ACORD name and logo are registered marks of ACORD
With respects to CG- GL- CW-0025, Sexual Abuse Endorsement, it is agreed that no coverage shall apply for any insured who does not meet the following risk management guidelines.

Have a system in place to perform and running criminal background checks on paid staff and volunteers.
 Have written procedures that include sexual abuse & molestation prevention.

NOTEPAD: INSURED NAME: North Point Athletics Inc. ISSUE DATE (MM/ DD/ YY) 01/30/2024 11:38:39 AM ET Member Leagues: • Basketball Teams: Wolves, Raptors, Bulldogs, Huskies

WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I.	Nam	e of Organization UC To KeDFF
	Date	of Request 215/24
	Perso	on Making Request Vincent Masca tello
	Are	you a Wallkill Central School District Resident?YesNo
	Staff	Member in Charge (If Applicable, See Attached Form)
	Dayt	ime Telephone Number 845-542-0912
	Addı	1255 23 SOFIO C4, MONKIN NY 12589
	Build	Ring/Facilities Requested Ostrower Gym
	Desc	ription of Activity Baske Hall
		he Majority of the Participants Wallkill Central School District Residents? YesNo
	Will	Admission, Fees be Charged or Donations Accepted?YesNo
	If Ye	s, Specify Community Benefit
	Date	(s) 3/1/24 - 6/24 Time(s) 1 - 9 pm (Tre-den + Fr.den)
п.	INSU	JRANCE INFORMATION
	Do y	ou (the requesting organization) have an in-force public liability policy?
	\geq	Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)
	TENO	_No s, what are the limits of liability?
ш.	•	ES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.)
111.	A.	Board of Education approval is necessary for all athletic related and profit-making activities.
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Revised 11/18/2019

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Signature of Representative of Requesting Organization

Date

FEB 9 7 2024

CSTRANDER HAIN OFFICE

FOR BUILDING USE ONLY

Director of Operational Services Contacted	
Building Custodian Contacted	
Director of School Lunch Program Contacted	
Athletic Director Contacted	
Sent to District Office for Board Approval	
Other (Please Specify)	
Approved: Ulselfun	
(Building Principal's Signature)	
Disapproved:	Date
(Building Principal's Signature)	
**********	********
FOR DISTRICT OFFICE USE O	NLY
and the second of the second o	
&- V	Date 2/9/2024
Approved: (Assistant Superintendent for Support Services)	Batt
Disapproved:	Date
Disapproved: (Assistant Superintendent for Support Services)	
Approval/Disapproval Forwarded To:	
Assistant Superintendent for Educational Services	
Building Principal, Director of School Lunch Program, Director Operational Services, Building Custodian, Athletic Director	ector of

PRACTICE THIRD PARTY CERTIFICATE OF INSURANCE AMATEUR ATHLETIC UNION OF THE U.S., INC.

CERTIFICATE HOLDER

Wallkill Central School District

1500 Route 208 Wallkill, NY 12589 COVERAGE DATES:

03/01/2024 - 8/31/2024

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.

PRODUCER Foy Insurance

64 Portsmouth Ave

Exeter, NH 03833-1030

PO Box 1030

INSURED

Amateur Athletic Union of the U.S., Inc.

Walt Disney World Resort

P.O. Box 22409

Lake Buena Vista, FL 32830-1000

(407) 934-7200

MEMBER CLUB INSURED CERTIFICATE ID: 4KAD38TY

CLUB CODE: W3CDY8

UC Takeoff 23 Sofia Court

Wallkill, NY 12589

INSURER(S) AFFORDING COVERAGE

Company A United State Fire Insurance Company NAIC# 21113

Company B Everest National Insurance Company NAIC # 10120

*For box below, INSR LTR refers to Company A or B.

COVERAGES - This is to certify that the policy (ies) 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 policy(ies) described herein is subject to all the terms, exolusions, and conditions of such policy(ies), limits shown may have been reduced by paid claims.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	COVERAGE EFF. DATE (MM/DD/YY)	COVERAGE EXP. DATE (MM/DD/YY)	COVERAGES	LIMITS
A	Participant Accident	US1182724	9/01/2023 12:01 AM.	9/01/2024 12;01 AM.	Accident Medical Accidental Death and Dismemberment	100,000 20,000
В	Excess Liability	S18EX00142-231	9/01/2023 12:01 AM.	9/01/2024 12:01 AM	Each Occurrence Policy Aggregate	5,000,000 5,000,000
В	General Liability	S18ML00176-231	9/01/2023 12:01 AM.	9/01/2024 J2:01-AM	Each Occurrence Limit General Aggregate Limit Participant Legal Liability Personal and Advertising Injury Limit	1,000,000 3,000,000 1,000,000 1,000,000
					Products-Completed Operations Aggregate Fire Damage to premises Rented to You Policy Aggregate Cap Medical Expenses Limit (Any One Person) Sexual Abuse Liability Sexual Abuse Aggregate	3,000,000 1,000,000 25,000,000

ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS

Coverage applies to UC Takeoff, License # 4KAD38TY Practice, UC Takeoff from

03/01/2024 through 08/31/2024, for the gross negligence and/or liabilities of the AAU Club(s) or registered members.

For said club to have coverage, all membership requirements in the AAU must be met.

Primary non-contributory applies as per attached endorsement ECG 24 520 04 02.

Waiver of Transfer of Rights of Recovery Against Other to Us applies per attached Endorsement ECG 24 522 04 02.

The Certificate holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, subject to the provisions and limitations of the policy(ies), attached CG 20 11 04 13 applies.

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. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives. REVOCATION OF MEMBERSHIP - will result in cancellation of coverage.

FACILITY OWNER SHOULD VERIFY THIS CERTIFICATE.

Go to www.aausports.org , Membership, Insurance, Issued Third Party Certificates, Insert member club code

Certificate No. 20242802

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You):
All locations owned, operated or leased by Name Of Person(s) Or Organization(s) listed below

Name Of Person(s) Or Organization(s) (Additional Insured):

Wallkill Central School District 1500 Route 208 Wallkill, NY 12589

Event:

Practice, UC Takeoff

Date:

03/01/2024 through 08/31/2024

Additional Premium: \$ N/A

Information required to complete this Schedule, if not shown above, will be shown in the Declarations,

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- 1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B: With respect to the insurance afforded to these additional insureds, the following is added to Section III—Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL - OTHER INSURANCE (PRIMARY NONCONTRIBUTORY)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Paragraph a. Primary Insurnce of 4. Other In-surance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

a. Primary Insurance

This insurance is primary except when **b**, below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in **c**; below, except that we will not seek contribution from any party with whom you have agreed in a written contract of agreement that this insurance will be primary and noncontributory, if the written contract of agreement was made prior to the subject "occurrence" or offense.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

ANY PERSON OR ORGANIZATION FOR WHOM THE NAMED INSURED HAS AGREED BY WRITTEN CONTRACT TO FURNISH THIS WAIVER

(if no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV-COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your operations or "your work" done under a written agreement that requires you to waive your rights of recovery. The written agreement must be made prior to the date of the "occurrence". This waiver applies only to the person or organization shown in the Schedule above.