

# BUTLER SCHOOL DISTRICT 53 REQUEST FOR USE OF FACILITIES



This form should be completed in its entirety and be returned to Christine Grollo at the Butler School District 53 Administrative Office located at 2801 York Road, Oak Brook, Illinois 60523-2399.

Name of Organization \_\_\_\_\_

Street Address/City/State/Zip \_\_\_\_\_

Contact person regarding this application \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Contact person's home phone \_\_\_\_\_ Business/Daytime phone \_\_\_\_\_

Request use  BROOK FOREST SCHOOL  BUTLER JUNIOR HIGH

**Room(s) or grounds area requested** \_\_\_\_\_

**Date(s) needed (day, date, year)** \_\_\_\_\_

**Facilities to be used for \*** \_\_\_\_\_

**\*Please do not hire any third-party vendors to work or provide entertainment at District facilities without first getting prior consent from the District Office.**

**Equipment needs (chairs, tables, projector, etc.\*)** \_\_\_\_\_

**\*Please do not bring in any outside equipment to District facilities without first getting prior consent from the District Office.**

**Opening time** \_\_\_\_\_ **Closing time** \_\_\_\_\_

**Estimated attendance** \_\_\_\_\_

**\*See page two of this form for rate information.**

**INSURANCE** The Board of Education requires a hold-harmless indemnification and a certificate of insurance for the required minimum amounts of \$1,000,000 per occurrence and \$2,000,000 aggregate. Your organization will need to list Butler School District 53 as an additional insured in its policy.

**Please attach signed hold harmless indemnification and insurance certificate to this application.**

**FIRST AID** All groups are required to bring their own first aid kit, including ice packs, band-aids, etc. The District does not provide first aid kits. An AED (defibrillator) is located near each gymnasium for emergency use.

**A.E.D. REQUIREMENTS:** Any organization using the facilities for physical activity must provide an individual on site who is formally trained in the use of an AED (Automatic External Defibrillator). If using the exterior playing fields, the organization **MUST** provide an AED unit and individual on site with formal AED training during the length of time for which the fields are in use.

**PLAYING FIELDS ADDENDUM:** Please note that any and all damages resulting from the use of the playing fields or facilities at Butler or Brook Forest Schools will be the responsibility of the group using such fields or facilities. If repairs to the field(s) or facilities are required, damage charges will be assessed.

**FALSE ALARMS:** Renters will be charged \$200.00 per false alarm. **Please attach a signed False Alarm and AED Addendum to this application.**

SCHEDULE OF CHARGES

<u>FACILITY</u>	<u>WEEKDAY</u>	<u>WEEKEND</u>
Butler J. H. Gym	\$75.00/hr.	\$90.00/hr.
Brook Forest Gym	\$50.00/hr.	\$65.00/hr.
Butler Multi-Purpose Room	\$50.00/hr.	\$65.00/hr.
Stage (either building)	\$75.00/hr.	\$90.00/hr.
Classroom (each)	\$30.00/hr.	\$45.00/hr.
Playing Fields (see addendum)	\$75.00/hr.**	\$75.00/hr.**

\*\*TWO HOUR MINIMUM

**FACILITY RATES:**

Use rates include utility costs. Please note that Butler District 53 has a “no cancellation” policy in effect. This policy means that renters will pay for the time and space that is reserved, regardless of whether or not the renter uses the facility (unless the facility cannot be used due to a conflict with the school district or a problem exists with the physical condition of the facility). The Butler 53 Board of Education reserves the right to waive fees, if desired.

**SUPERVISORY RATES:**

A district facility supervisor must be present for a rental group to use the interior space of a District facility. The additional charge for this service per hour is \$45.00 Monday through Saturday; Sunday rates for Supervisory is \$90.00. The facility supervisor is also required to be in attendance one hour prior to the event and one hour following the event.

**DEPOSIT:**

Organizations will be required to provide a deposit/payment of 100% of the anticipated charge. Deposit/payment is to be submitted immediately upon approval of the Request for Use of School Facilities Form.

As the authorized representative of the requesting organization, I agree to the conditions of use and charges, which have been established by the Board of Education. I also agree that the above organization will not represent itself or any of its activities as being sponsored by the School District, unless the group is formally recognized by the Board of Education.

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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

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

**Date of Final Approval** \_\_\_\_\_

**BUTLER SCHOOL DISTRICT 53  
REQUEST FOR USE OF FACILITIES  
HOLD HARMLESS INDEMNIFICATION**



To the extent permitted by law, \_\_\_\_\_, shall indemnify, protect, hold harmless, save and keep harmless the Board of Education, its employees, officers, agents, attorneys, and any other representatives from any and all claims, charges, actions, causes of actions, complaints, obligation for damages (including but not limited to compensatory, exemplary and/or punitive damages), losses, expenses, attorneys' fees or costs, loss of earnings, debts, and any and all other demands which arise out of the use of Butler School District 53 facilities.

\_\_\_\_\_  
(User/Entity) Signature

\_\_\_\_\_  
(User/Entity) Printed

\_\_\_\_\_  
Organization

ATTEST

\_\_\_\_\_  
Date

**BUTLER SCHOOL DISTRICT 53  
REQUEST FOR USE OF FACILITIES  
FALSE ALARM AND AED ADDENDUM**



I understand when renting one of the District 53 facilities that I will be held financially responsible for any false alarms that happen to result from my use of the space. False alarms will be billed back to me (or my organization) at the false alarm response rate of \$200.00.

**FOR ANY EVENT IN WHICH PARTICIPANTS ENGAGE IN STRENUOUS PHYSICAL ACTIVITY:**

By signing this form, I also attest that I will provide an individual *on site* who is formally trained in the use of an AED. If using the exterior playing fields, I attest that I will provide an AED unit and an individual *on site* with formal AED training during the length of time for which the fields are in use.

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Signature

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Date