

FACILITY USE AGREEMENT

Application to Use School Facilities

The School Board of Directors wishes to encourage use of school facilities by the community as long as use is for a lawful purpose and does not interfere with the conduct of the District's educational programs, the primary purpose of which the buildings and grounds are intended. Community use of facilities is subject to the terms of District Policy and Procedures 4260 and 4260P as well as the current schedule of user fees. <u>ALL</u> youth sports groups must provide a letter of compliance with mandated Youth Sports Concussion Management Protocols. Funds may be charged for use of school facilities to ensure that funds intended for education of children are not used for other purposes. Permission to use a particular facility may be denied based on a belief that the activity proposed may not be in the District's interests, or due to the level of previously scheduled use. No person shall be denied the full enjoyment of the facilities because of race, creed, color, sex, or origin.

The state of the s
NAME OF ORGANIZATION Special Olympics WA-Clallan Ganty Orcas
CONTACT NAME JUSTIN KAUTZ - SOWA NUMBER OF TEAMS/PARTICIPANTS 25 approx.
BILLING ADDRESS 2815 2nd Ave Suite 370 Seattle, WA DAYTIME PHONE (30) 461-7817
NATURE AND PURPOSE OF ACTIVITY Athletics / track & Field (201681-9383
SPECIFIC FACILITY/SCHOOL REQUESTED PAHS Track + Field (if it is dry enough)
[] Auditorium
DATES TO BE USED: March 10 10 May 25th 2019 DAY OF WEEK Saturday
TIMES OF DAY/EVENING: FROM 10 = 00 AM/PM TO 12:00 pm AM/PM
FACILITY RENTAL FEES will be determined by the latest established rental rates. Charges shown on the application form will be invoiced. Payments are to be made to the District within 30 days. Charges may be levied to cover the cost of additional services not covered in the original agreement or for damages or agreement violations. The District reserves the right to require and charge for custodial and/or other authorized District employees to be on the premises.
AGREEMENT AND INSURANCE The person or organization entering into this agreement with School District for the use of facilities or equipment described above certifies that the information giver in this application is current. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant wi observe all rules and regulations. The applicant further agrees to reimburse the School District for any damage arising from the applicant's use of said facilities. An accident involving injury to participants or damages to facilities or equipment occurring during the use of facilities or equipment will be reported to District authorities immediately.
In accordance with Chapter 28A.335 RCW, private nonprofit groups serving youth are required to provide proof of bodily injury coverage of no less than \$50,000 per occurrence/\$100,000 aggregate. For-profit, business groups are required to provide proof of general liability coverage of no less than \$1 million dollars per occurrence. The School District must be named as additionally insured on said policy. Coverage cannot be cancelled or reduced without thirty-(30) day's written notice to the District. (Low-cost Special Events Liability Insurance is available through the school District's carrier.)
(initial) The applicant agrees to fully comply in accordance with the adoption of policies for the management of concussion and head injury in youth sports; as amended in RCW 4.24.660 and chapter 28A.600 RCW if applicable. Access to school facilities may not be granted until all requirements are complete and approved by the School District &/or designee.
The applicant agrees that the School District and its agents or employees will not be liable for any damage to person or property by reason of negligent acts of applicant, its agents, employees, invitees, or subcontractors. Applicant agrees to protect, indemnify for legal costs and other expenses, and hold harmless, the School District and its officers, employees, directors and agents from claims, liabilities, or suits, arising out of injury to person or property from negligent acts of applicant, directly or indirectly attributable to user's activities and/or use of premises except for sole negligence of the School District.
I have read the rules and regulations above and on the reverse side of this form and agree with the conditions and charges as established:
SIGNATURE OF APPLICANT Wendy Bonham Date 3 2 2019
Other notes, comments, requirements:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/28/2019

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights t	o the cert	ificate holder in lieu of).				
American Specialty Insurance & Risk Services, Inc.			PHONE	CONTACT NAME: PHONE 260,060,5203 FAX 260,060,4720					
			(A/C, No, Ext): 200-909-5205 (A/C, No): 200-909-4729						
7609 W. Jefferson Blvd., Suite 100			ADDRES		LIRER(S) AFFOR	RDING COVERAGE		NAIC#	
Fort Wayne		IN 46804	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company				18058		
INSURED			INSURER B:					No. Gallacharia	
Special Olympics, Inc.			INSURER C:						
1133 19th Street NW			INSURER D :						
			INSURER E :						
Washington DC 20036			INSURER F:						
COVERAGES CERTIFICATE NUMBER: 10016373									
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES.	NT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAV	N OF ANY	CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO I	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
CLAIMS-MADE X OCCUR					12/31/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	•	00,000	
		2543345400000000000000000000000000000000				MED EXP (Any one person)	\$ Exc	luded	
Α		PHPK1921784		12/31/2018		PERSONAL & ADV INJURY	7.4.000	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 5,000,000		
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	-	00,000	
X OTHER: OTHER AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$		
ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED		PHPK1921784		12/31/2018	12/31/2019		\$		
AUTOS ONLY AUTOS NON-OWNED		FHFK1921704		12/31/2010	12/3/1/2019	PROPERTY DAMAGE	\$		
AUTOS ONLY AUTOS ONLY						(Per accident) NON-OWNED/HIRED AUTO		00,000	
UMBRELLA LIAB OCCUR						Control of the Contro	.,,-	70,000	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	100	
DED RETENTION\$						AGGREGATE	\$	30	
WORKERS COMPENSATION						PER OTH-			
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
- Coverage applies to the following: SPECI									
- Coverage applies to SPECIAL OLYMPIC	S WASHIN	IGTON, SCHEDULED TI	RACK & F	TELD PRACT	TICE AT STE	VENS MIDDLE SCHOOL	GYM A	AND PORT	
ANGELES HIGH SCHOOL TRACK from M	arch 01, 2	019 through June 30, 20	19.						
CERTIFICATE HOLDER			CANC	ELLATION					
PORT ANGELES SCHOOL DISTRICT			CANC	CANCELLATION					
			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E BY PROVISIONS.			
216 EAST FOURTH ST			AUTHO	AUTHORIZED REPRESENTATIVE Drew Sund					
PORT ANGELES	WA 98	3362		Drew Sunt					

AGENCY CUSTOMER ID:	
1.00 #	



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED			
American Specialty Insurance & Risk Services, Inc.		Special Olympics, Inc.			
POLICY NUMBER		1133 19th Street NW			
PHPK1921784					
CARRIER	NAIC CODE	Washington, DC 20036			
Philadelphia Indemnity Insurance Company	18058	EFFECTIVE DATE: 12/31/2018			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE - Certificate #1001637349

- Named Insured (cont'd): All Special Olympics Accredited U.S. Programs
- The Hired Auto Physical Damage limit contains a \$1,000 collision deductible and a \$100 other than collision deductible (for commercially rented vehicles only). Nonowned and Hired Auto (NOHA) liability is excess of any valid and collectible insurance.
- Coverage for property you rent or occupy, property loaned to you and property in the care, custody, or control of the Insured, \$100,000 limit subject to a \$2,500 deductible per loss, excluding watercraft, aircraft, and autos.