



Jennifer E. Avery, Ed. D., Deputy Superintendent

ONC BOCES
2020 Jump Brook Road, PO Box 382
Grand Gorge, NY 12434
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USE OF FACILITIES REVOCABLE PERMIT REQUEST FORM
for NCOC (Grand Gorge) & OAOC (Milford) OCCUPATIONAL CENTERS

Today's Date: _____ Date(s) Requested: _____

Certificate of Insurance is Required. Is Certificate of Insurance Attached? Yes ___ No ___

Facility Location Requested: _____ Room: _____

INFORMATION ABOUT GROUP:

Name of Organization or Individual: _____

Time: _____ to _____. Supervisor in charge & Title: _____

Mailing Address: _____

Telephone Number: (Day) _____ (Night) _____

INFORMATION ABOUT INTENDED USE OF ONC BOCES FACILITIES:

Event Name: _____

Purpose of Use: _____

Total Participants Expected: _____ Adults: _____ Children: _____

Is Equipment Required? Yes ___ No ___

If needed, state what type and for what purpose: _____

Is an admission fee charged? Yes ___ No ___ If so, what will proceeds be used for? _____

Will refreshments/catering be needed? Yes ___ No ___

If yes, have arrangements been made with the Culinary program? Yes ___ No ___

AGREEMENT:

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the ONC BOCES for the use and care of the facilities. He/she, on behalf of the organization indicated above does hereby covenant and agree to defend, indemnify and hold harmless the ONC BOCES from and against any and all liability, loss, damages, claims or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the ONC BOCES property, facilities and/or services by the organization indicated above.

Signature of Organization's Representative

PLEASE READ ATTACHED REQUIREMENTS AND RETURN FORM TO THE PRINCIPAL AT FACILITY REQUESTED:
NCOC, PO Box 382, Grand Gorge, NY 12434 or OAOC, PO Box 57, 1914 County Rt. 35, Milford, NY 13807

NCOC/OAOC Principal Signature: _____ Date: _____

AFTER PRINCIPAL APPROVAL, PLEASE FORWARD COMPLETED FORM AND CERTIFICATE OF INSURANCE TO
DEPUTY SUPERINTENDENT'S OFFICE FOR INSURANCE RECORDS!

ONC BOCES FACILITY USE REQUIREMENTS

The use of all ONC BOCES facilities shall be subject to the approval and rules of the Board of Education administered by the Building Principal or other Board designee.

1. Organizations wishing to use ONC BOCES facilities shall first apply to the Building Principal on the prescribed form. The Principal or his/her designee has final authority on approval.
2. In the event of inclement weather, the Principal or his/her designee has the final authority on whether facilities are usable.
3. Intoxicants shall not be brought onto ONC BOCES facilities at any time.
4. All posted rules must be adhered to.
5. Profanity, objectionable language, disorderly acts or illegal activities of any kind are absolutely prohibited, and those violating this prohibition will be ejected from the premises.
6. Any damage to ONC BOCES facilities shall be promptly repaired at the user's expense. No exceptions. If maintenance personnel are not available, please make sure all doors are locked and lights are turned out when leaving.
7. Organizations using the facilities must clean up afterward.
8. Permits may be revoked at any time.
9. Any organization with youths under 18 years old requires the presence of adequate adult supervision at all times.
10. The fee for use is \$____, payable before use begins.
11. In case of emergency or fire, please dial 911.
12. Smoking or other use of tobacco products is not allowed on ONC BOCES property.
13. Facilities are not available if in conflict with ONC BOCES use. No unauthorized vehicles are allowed on ONC BOCES property. No field or building alterations (lining of fields or gymnasiums, erecting permanent goal posts or structures, etc.) are allowed without prior approval.
14. The ONC BOCES does not discriminate on the basis of race, color, national origin, physical impairment or sex in its educational programs or employment services.
15. All users must provide the following insurance prior to using facilities-
FAILURE TO DO SO PRIOR TO USE WILL RESULT IN REVOCATION OF YOUR PERMIT:
 - A. The user hereby agrees to name the ONC BOCES as an unrestricted additional insured on the user's policy.
 - B. The policy naming ONC BOCES with its legal entity address of 2020 Jump Brook Road, Grand Gorge, NY 12434 as an additional insured shall:
 - be an insurance policy from an A.M. Best-rated "secured" New York State insurer, permitted to do business in New York State;
 - contain a 30-day notice of cancellation;
 - state that the organization's coverage shall be primary coverage for the ONC BOCES, its Board, employees and volunteers;
 - additional insured status shall be provided with ISO endorsement CG 20 26 11 85 or its equivalent;
 - C. The user agrees to indemnify the ONC BOCES for any applicable deductibles;
 - D. Required Insurance:
Commercial General Liability Insurance - \$1,000,000 per occurrence/ \$2,000,000 aggregate;
 - E. User acknowledges that failure to obtain such insurance on behalf of the ONC BOCES constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the ONC BOCES. The user is to provide the ONC BOCES with a certificate of insurance, evidencing the above requirements have been met. The failure of the ONC BOCES to object to the contents of the certificate or the absence of same shall not be deemed a waiver of any and all rights held by the ONC BOCES.

The ONC BOCES is a member of the NY Schools Insurance Reciprocal (NYSIR). The user further acknowledges that the procurement of such insurance as required herein is intended to benefit not only the ONC BOCES but also NYSIR, as the ONC BOCES's insurer.
16. Prior to the start of the event, an announcement should be made to your group regarding emergency evacuation procedures; for example pointing out posted procedures, directions for exiting, how to respond to a fire alarms, etc.
17. In the event of an accident, please notify the custodian on duty, or call the Principal the next morning.