

District Office



Effective July 2025

Dear Elmira Heights Facility User:

Attached is a complete packet that provides information and forms regarding use of the facilities of the Elmira Heights Central School District.

All outside group uses will be evaluated and charged, on a case by case basis, according to the event requirements (maintenance, staffing, special needs, etc.). This will be determined and be payable in full in advance of the facility use.

It is the intention of the District to allow as many outside groups as possible to take advantage of our fine facilities and to offer many opportunities to the community and kids. We must recover at least part of our costs to maintain these facilities and plan for their upkeep. As always, events involving a majority of Elmira Heights' youth are not charged for this use!

District Officials will have final authority to resolve conflicts in the use of facilities, and the policy specifically outlines the priority resolution of such conflicts.

Please note that outside facility users will not be allowed during days that school is not in session. In the event of activities being cancelled due to inclement weather or other emergencies, all attempts will be made by District Officials to broadcast this information over local radio and television stations.

Feel free to contact me with any questions regarding facility use at (607) 734-7114. Information may also be obtained on our District web-site at www.heightsschools.com.

Sincerely,

A handwritten signature in blue ink that reads "Martha Clark". The signature is written in a cursive style.

Martha Clark
Business Official

ELMIRA HEIGHTS CENTRAL SCHOOL DISTRICT
 District Office • 2083 College Ave • Elmira Heights NY 14903 • Phone (607) 734-7114 • Fax (607) 734-7134

REQUEST FOR USE OF SCHOOL FACILITIES			
Name of Group _____		Person Responsible _____	
Address _____		Phone # () _____	
City _____	State _____	Zip _____	Email Address _____
Description of Event _____			
Starting Date _____		Time of Arrival _____ a.m. / p.m.	
Ending Date _____		Time of Departure _____ a.m. / p.m.	
Day of Week (Circle choice) M T W TH F S SU			
Will admission be charged? Yes No		Person responsible during event _____	
Will District supervision be required? Yes No		No. of Attendees _____	
Special Needs _____			

Fee Calculation - Please use fees as outlined on Fee Schedule				
	Facility	Cohen	Edison	Fee
Room(s) and or Facility	_____	_____	_____	_____
Air Conditioning	_____	_____	_____	_____
Equipment	_____	_____	_____	_____
Custodial Staff	_____	_____	_____	_____
Supervision/Security	_____	_____	_____	_____
Other	_____	_____	_____	_____
TOTAL FEES				\$ _____
(Make checks payable to "Elmira Heights CSD" and mail to address above)				

Insurance Certificate	
<p>(NAME OF FACILITY USER) does covenant and agree to defend, indemnify and hold harmless the (NAME OF DISTRICT) from and against any and all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in any way connected with the actual or proposed use of (NAME OF DISTRICT) property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, contractor or subcontractor of (FACILITY USER).</p> <p>(FACILITY USER) understands and agrees that its use of (NAME OF DISTRICT's) property and facilities includes, but is not limited to, all areas identified in the application and/or permit, and sidewalks, walkways, parking lots, entrances, stairs, and all other areas incidental to and/or connected with the use of the premises (hereinafter referred to as "incidental areas"). (FACILITY USER) agrees that its indemnity and insurance obligations extend to the areas identified in the application and/or permit and any and all incidental areas.</p>	
Signature of Person Responsible _____	Date _____

DO NOT WRITE BELOW THIS LINE - DISTRICT USE ONLY

	Signatures
Date request received: _____	
Received by: _____	Athletic Director _____
Roommate Confirmation # _____	Business Manager _____
Invoice # _____	Building Principal _____
Food Service Director _____	Facilities Director _____

Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the facility user hereby agrees to effectuate the naming of the District/BOCES as an Additional Insured on the facility user's insurance policies, except for workers' compensation and N.Y. State Disability insurance.

The policy naming the District as an Additional Insured shall:

1. Be an insurance policy from an A.M. Best A- rated or better insurer, licensed to conduct business in New York State. A New York licensed and admitted insurer is strongly preferred. The decision to accept non-licensed and non-admitted carriers lies exclusively with the District/BOCES and may create significant vulnerability and costs for the District/BOCES.
2. State that the organization's coverage shall be primary and non-contributory coverage for the District/BOCES, its Board, employees and volunteers. It is the intent of this agreement that Additional insured status shall cover and extend to property and facilities including, but not limited to all areas identified in the application and/or permit, and sidewalks, walkways, parking lots, entrances, stairs, and all other areas incidental to and/or connected with the use of the premises.
3. Additional insured status shall be provided by standard or other endorsements that extend coverage to the District/BOCES (CG 20 26) or equivalent. The decision to accept an endorsement rest solely with the District/BOCES. A completed copy of the endorsements must be attached to the Certificate of Insurance. The certificate of insurance must describe the services provided by the facility user that are covered by the liability policies. The facility user agrees to indemnify the District/BOCES for applicable deductibles and self-insured retentions.

Minimum Required Insurance:

- a. Commercial General Liability Insurance
\$1,000,000 per occurrence/ \$2,000,000 aggregate, with no exclusions for athletic participants.
- b. Automobile Liability (When an organization's vehicle is brought onsite)
\$1,000,000 combined single limit for owned, hired, borrowed and non-owned motor vehicles.
- c. Workers' Compensation and NYS Disability Insurance (For Organizations With Employees) Statutory Workers' Compensation (C-105.2 or U-26.3); and NYS Disability insurance (DB-120.1) for all employees. Proof of coverage must be on the approved specific form, as required by the New York State Workers' Compensation Board. ACORD certificates are not acceptable. A person seeking an exemption must file a CE-200 Form with the state. The form can be completed and submitted directly to the WC Board online.
- d. Umbrella/Excess Insurance

General Use

\$1 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis over the required General Liability coverage.

Athletic and Recreational Camps

\$5 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis over the required General Liability coverage.

Carnivals and Firework Displays, etc.

\$10 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis over the required General Liability coverage.

4. The facility user acknowledges that failure to obtain such insurance on behalf of the district/BOCES constitutes a material breach of contract. The facility user is to provide the district/BOCES with a certificate of insurance, evidencing the above requirements have been met, prior to the event.

Elmira Heights Central School District
Elmira Heights, New York
2025-2026

FEE SCHEDULE FOR USE OF FACILITIES

Schools	Classroom	Library	Cafeteria	Auditorium/ Community Room	Gym ***	Football Field ***	Track ***	Baseball Field ***	Golf Facility
TAE High School	\$40 per use	\$40 per use	\$95 per use	\$125 per use	\$125 per use	Sanctioned Games \$285 per use Multiple Games \$210 per use Practices \$160 per use	\$185 per use	\$135 per use	\$85 per use

	Classroom	Library	Cafeteria	Auditorium	Gym ***	Softball Field	Practice Field	Soccer Field
Cohen Elementary/Middle School	\$40 per use	\$40 per use	Full Cafeteria \$110 per use 1/2 Cafeteria \$80 per use	\$125 per use	Large gym \$125 per use Small gym \$125 per use	\$135 per use	\$85 per use	\$85 per use

Additional Charges

Air Conditioning	There will be a charge per day for air conditioning requested during any event (library, café, auditorium, gym).	\$80 per day per room
Equipment Charges	There will be a charge per piece of equipment requested during any event (microphones, batting cage, score clock, etc).	\$30 per piece of equipment per day. Capped at \$210 per year.
Custodial Staff Charges	Custodial staff charges are determined based on regular staff already working during any given event. Any additional custodial staff needed will be determined and payable after the event . The District reserves the right to assess charges up to 8 additional hours to cover the cost of cleanup after any event as per the hourly rates stated.	Regular rate \$30 per hour per staff Overtime rate \$45 per hour per staff
Supervision/Security	Supervision and security may be requested. The District reserves the right to require supervision based on its assessment of the event.	\$30 per hour per supervisor
Cafeteria Staff	To be determined by the School Lunch Manager	Per contract

***	Youth Leagues	All Other Leagues
Season Long Leagues	\$740 flat fee for 8 weeks	\$740 flat fee for 4 weeks/ max of 2 days per week. \$95 per day for each additional day. Maximum charge of \$1,600 per season.
Season Long Practices	\$740 flat fee for 8 weeks	\$740 flat fee for 4 weeks/ max of 2 days per week. \$85 per day for each additional day. Maximum charge of \$2,200 per season.
Tournaments	\$140 per gym per day	\$180 per gym per day
Soccer Fields	Soccer fields will be charged 1/2 of stated fees for season long Leagues and practices	Soccer fields will be charged 1/2 of stated fees for season long Leagues and practices.

District Office



**Use of Facilities
HOLD HARMLESS AGREEMENT**

_____ (name of facility user) does hereby covenant and agree to defend, indemnify and hold harmless the Elmira Heights Central School District 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 Elmira Heights Central School District property, facilities and/or services.

Signature

Date

TEMPORARY FOOD SERVICE APPLICATION

ENVIRONMENTAL HEALTH SERVICES

CHEMUNG COUNTY HEALTH DEPARTMENT

103 Washington Street, PO Box 588
Elmira, New York 14902

Phone: (607) 737-2019 Fax: (607) 737-2059

www.chemungcountyhealth.org

email: ehs@co.chemung.ny.us

For
Office
Use
Only

Fee Paid: _____

Date Rec'd: _____

Receipt #: _____

Deliver Mail Pick up

It is a violation of the NYS Sanitary Code and the Chemung County Sanitary Code to operate a Temporary Food Service Establishment without a valid permit. Please type or print the required information and *return the completed application at least 10 days before the first day of operation* in order to assure prompt issuance of your permit. NOTE: False statements made on this application are punishable under the Penal Law.

OPERATOR INFORMATION

Organization/Operator: _____ Phone: _____

Mailing Address: _____ City/State/Zip: _____

Coordinator Name: _____ Phone: _____
(Contact Person)

EVENT INFORMATION

Name/Location of Event: _____

OPENING DATE: ___ / ___ / ___ TIME: ___ : ___ a.m. / p.m. CLOSING DATE: ___ / ___ / ___ TIME: ___ : ___ a.m. / p.m.

Food to be served: _____

This Dept. reserves the right to restrict menu items.

Food purchased from: _____ Equipment used: _____

WORKER'S COMP & DISABILITY INSURANCE

You must attach proof of Worker's Comp and Disability Insurance OR form CE-200 (Exemption Form). See *Instructions on back for details*. **Permits will not be issued without this paperwork.**

SIGNATURE - ENTIRE SECTION MUST BE COMPLETED BY ALL APPLICANTS

The undersigned applicant agrees to operate the Temporary Food Service establishment in compliance with Subpart 14-2 of the New York State Sanitary Code.

Signature of Applicant: _____ Date: _____

Print Name: _____ Title: _____

FOR OFFICE USE ONLY

Name of person interviewed: _____

Items Covered:

Menu Review: Is menu appropriate for location, facility, & length of permit? Yes / No - If **NO**, state menu limitations (below): _____

Anticipated number of customers to be served: _____

Food Prep limited to seasoning and cooking on-site? Yes No; If No, where and how is prep done? _____

Source of water & ice: _____

Cold storage facilities: _____

Probe thermometer & cooking temperatures: _____

Hot Holding facilities to be provided & holding temp reviewed: _____

Hand washing facility: _____

Use of gloves & proper utensils (NO bare hand contact): _____

Exclude ill workers: _____

Dishwashing (if applicable): _____

APPROVED? NO YES BY: _____ DATE: ___ / ___ / ___

INSTRUCTIONS ON BACK

INSTRUCTIONS FOR FILLING OUT ATTACHED APPLICATION

- **APPLICATION FEES ARE NON-REFUNDABLE**
- **WORKERS' COMPENSATION AND DISABILITY INSURANCE**
As a government agency we are prohibited from issuing permits until you submit one of the following:
 - **If you have Worker's Comp & Disability Insurance:**
Attach proof of insurance certificates to your application. Please refer to list of acceptable proof (below).
 - **If you do not have Worker's Comp & Disability Insurance:**
You must file for an exemption from these requirements (Form CE-200).
See below for details on how to obtain this form.
- **SIGNATURE** - All applications must be signed.

Workers' Compensation and Disability Insurance Requirements for Permitted Facilities

The following forms must accompany the application to document compliance with the Worker's Compensation Law. Permits will not be issued without this paperwork.

These forms can be faxed to our office at (607) 737-2059, emailed to EHS@co.chemung.ny.us or mailed to our office along with your application.

When Worker's Comp and/or Disability coverage IS provided.

Proof of Workers' Compensation Insurance:

- One of these
- **Form C-105.2** – Certificate of Worker's Compensation Insurance (**Contact your Insurance carrier**; they will have to generate this form). **Note:** Form C-105 is not acceptable proof, must be form C-105.2
 - OR
 - **Form U-26.3** – Certificate of Workers' Compensation Insurance (Issued by the **State Insurance Fund**, you will have to contact them).
 - OR
 - **Form SI-12** – Certificate of Workers' Comp Self-Insurance (usually only applies to major corporations or government agencies).
 - OR
 - **GSI – 105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance (usually only applies to major corporations or government agencies).

AND

Proof of Disability Benefits Insurance:

- One of these
- **DB-120.1** - Certificate of Disability Benefits (**Contact your Insurance carrier**, they will have to generate this form). **Note:** Form DB-120 is not acceptable proof, must be form DB-120.1
 - OR
 - **Form DB-155** – Certificate of Disability Benefits Self-Insurance Insurance (usually only applies to major corporations or government agencies).



Important: Acord Forms are not acceptable as proof of WC/DB insurance coverage.

When Worker's Comp and/or Disability coverage IS NOT provided.

Form CE-200 – Certificate of Attestation of **Exemption** from NYS Workers' Compensation and/or Disability Benefits Coverage.

You can obtain form CE-200 from one of the following:

- **On-line** - There is a direct link to the Exemption Form (CE-200) on our website www.chemungcountyhealth.org near the bottom of the main page. (**Note:** You will need to turn off Pop-up Blockers on your computer in order to print form).
- **Worker's Compensation Office at 167 Lake St., Elmira, NY.**

ELMIRA HEIGHTS CENTRAL SCHOOL DISTRICT
2083 COLLEGE AVENUE
ELMIRA HEIGHTS, NY 14903

FOOD TRUCKS AND TRAILER AGREEMENT

1. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the food truck vendor hereby agrees to effectuate the naming of the District/BOCES as an Additional Insured on the food truck vendor's insurance policies, except for workers' compensation and N.Y. State Disability insurance.
2. The policy naming the District as an Additional Insured shall:
 - a. Be an insurance policy from an A.M. Best A- rated or better insurer, licensed to Conduct business in New York State. A New York licensed and admitted insurer is recommended [strongly preferred]. The decision to accept non-licensed and non-admitted carriers lies exclusively with the District/BOCES and may create additional vulnerability and costs for the District/BOCES.
 - b. State that the organization's coverage shall be primary and non-contributory coverage for the District/BOCES, its Board, employees and volunteers.
 - c. Additional insured status shall be provided by standard or other endorsements that extend coverage to the District/BOCES for on-going operations (CG 20 38) and products and completed operations (CG 20 37). The decision to accept an endorsement rest solely with the District/BOCES. A completed copy of the endorsements must be attached to the Certificate of Insurance.
3. a. At the District's/BOCES' request, the food truck vendor shall provide a copy of the declaration page of the liability and umbrella/excess policies with a list of endorsements and forms. If requested, the food truck vendor will provide a copy of the policy endorsements and forms.
4. The food truck vendor agrees to indemnify the District/BOCES for applicable deductibles and self-insured retentions.

Minimum Required Insurance:

a. **Commercial General Liability Insurance**
\$1,000,000 per occurrence/ \$2,000,000 aggregate.

b. **Automobile and Trailer Liability**

Auto

\$1,000,000 combined single limit for owned, hired, borrowed and non-owned motor vehicles. The decision to accept limits below the specified amount or personal auto coverage lies exclusively with the District/BOCES and may create additional vulnerability and costs for the District/BOCES.

ELMIRA HEIGHTS CENTRAL SCHOOL DISTRICT
2083 COLLEGE AVENUE
ELMIRA HEIGHTS, NY 14903

Trailer

\$500,000 combined single limit for owned, hired, borrowed and non-owned trailers. The decision to accept limits below the specified amount or personal auto coverage lies exclusively with the District/BOCES and may create additional vulnerability and costs for the District/BOCES.

c. **Workers' Compensation and NYS Disability Insurance**

Statutory Workers' Compensation (C-105.2 or U-26.3); and NYS Disability Insurance (DB-120.1) for all employees. Proof of coverage must be on the approved specific form, as required by the New York State Workers' Compensation Board. ACORD certificates are not acceptable. A person seeking an exemption must file a CE-200 Form with the state. The form can be completed and submitted directly to the WC Board online.

6. The Food truck vendor acknowledges that failure to obtain such insurance on behalf of the district/BOCES constitutes a material breach of contract. The food truck vendor is to provide the district/BOCES with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of work.

By: _____
Food Vendor

Date:

By: _____
Elmira Heights Central School District

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
[REDACTED]

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. 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).

PRODUCER [REDACTED]	CONTACT NAME: [REDACTED]	FAX (A/C No.): [REDACTED]
	PHONE (A/C No. Ext.): [REDACTED]	E-MAIL ADDRESS: [REDACTED]
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER [REDACTED]		[REDACTED]
INSURED [REDACTED]	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 14-15 Master

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.

INBR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		[REDACTED]	1/20/2014	1/20/2015	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			[REDACTED]	1/20/2014	1/20/2015	EACH OCCURRENCE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Sample Certificate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured applies per policy terms and conditions.

↑ Must name "Elmira Heights Central School District" as the additional insured.

CERTIFICATE HOLDER**CANCELLATION**

Elmira Heights School District
2083 College Avenue
Elmira Heights, NY 14903

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
[REDACTED]

USE OF ELMIRA HEIGHTS SCHOOL FACILITIES

Each facility is available for use subject to the policies and guidelines established by the Elmira Heights School District Board of Education and the laws and regulations of the State of New York (Board of Education Policy 3280 attached). Every facility use request must be made in writing on the form established for that purpose. No group may reserve any facility for periods of more than one month at a time, and facility use reservations may not be made more than 45 days in advance. Facility use authorizations may be revoked for failure to observe the established policies, guidelines and rules or in the event of school need of the facilities or a change in the school calendar. There will be no outside events schedule during recess and holiday periods.

Fee Guidelines

1. **Rosters** - All groups will be requested to provide rosters. A group will be considered to be an "Elmira Heights" group if they have 51% or more Elmira Heights residents on those rosters. Being an Elmira Heights group does not exempt that group from incurring charges as determined on an individual basis.
2. **Leagues** - will be charged based on attached fee schedule. Each application will be reviewed individually for additional fees that may be required.
3. **Season long practices** - will be charged based on attached fee schedule. Each application will be reviewed individually for additional fees that may be required.
4. **Tournaments** - will be charged based on attached fee schedule. In addition, custodial staff & supervision staff will be charged as needed. Each application will be reviewed individually for additional fees that may be required.
5. **Supervision** – During leagues and tournaments, the person(s) providing supervision during the event(s) will be documented. The District reserves the right to provide supervision and charge accordingly.
6. **Custodial Staff** – In the event overtime is incurred by custodial staff due to an outside event, the group will be charged accordingly.
7. **Equipment Charge** – will be charged based on attached fee schedule.
8. **Predetermined fees** - All predetermined fees will be due and payable prior to the event taking place. Any additional fees such as custodial, supervision and equipment fees will be due after the event (Business office will invoice the group).
9. **Community Room** – Due to the sophisticated and expensive equipment, rentals requiring the use of equipment will require District personnel to operate the equipment and will be scheduled and charged accordingly. Separate equipment fees will not be charged.

Certificate of Insurance

An insurance certificate must be received with the facility use application. The acceptable minimum coverage amounts are listed on the facility use application. The certificate must name the "Elmira Heights Central School District" as an additional insured for the event(s) taking place. An example is attached.

Temporary Food Service Permits

When food is being served and/or sold, a permit must be obtained directly from the Chemung County Health Department. Any fee relating to this permit will be the responsibility of the facility user and will be paid directly to the Health Department. A temporary food service application is attached for your convenience. Questions regarding fees may be directed to the Chemung County Health Department at 737-2019.

Tobacco Use, Drugs and Alcoholic Beverages

Use of tobacco, any alcoholic beverage and/or illegal or non-prescribed "controlled substance" is not permitted on school property. Please refer to Board of Education Policies # 7310 & 7320 (may be obtained at the District Office or any School Office or on our web-site at www.heightsschools.com).

Use of Surveillance Equipment

The Board of Education recognizes its responsibility to promote and foster school safety and ensure a safe and effective learning environment. After having carefully considered and balanced the rights of privacy with the District's duty to promote discipline, health, welfare and safety of staff and students, as well as that of the general public who has occasion to use school facilities, the Board supports the use of surveillance cameras when necessary in its schools, its buses and/or school grounds. District surveillance cameras will only be utilized in public areas where there is no "reasonable expectation of privacy." Audio recordings shall not be utilized by School District officials; such prohibition does not preclude the use of audio recordings by law enforcement officials in accordance with their official duties and/or as otherwise authorized by law.

Conflicts

In the event that unforeseen conflicts regarding facility use arise between organizations or groups, conflict resolution shall be in favor of the event or organization having the highest priority in accordance with District policy. The determination of the District officials is final. Any fees previously paid by the displaced group shall be refunded. No other financial responsibility shall be borne by the District.

SUBJECT: USE OF SCHOOL FACILITIES, MATERIALS AND EQUIPMENT**School Facilities**

It is the policy of the Board to encourage the greatest possible use of school facilities for community-wide activities. This is meant to include those uses permitted by New York State law with the exclusion that holding religious worship services, or otherwise using a school as a house of worship is prohibited. Groups wishing to use the school facilities must secure written permission from the Board of Education or its designee and abide by the rules and regulations established for such use including restrictions on alcohol, tobacco and drug use.

The District reserves the right to charge a fee for the use of its facilities in a manner consistent with law, and on terms specified in regulation or by agreement with such organizations. Charging of admission fees are prohibited for any organization/individual that will profit from such fees. Organizations charging admission fees may be required to provide proof of Non-For-Profit status.

Materials and Equipment

Except when used in connection with or rented under provisions of Education Law Section 414, school-owned materials or equipment may be used for school related purposes only. Private and/or personal use of school-owned materials and equipment is strictly prohibited. The loan of equipment and materials for public purposes that serve the welfare of the community is allowed, as long as the equipment is not needed at that time for school purposes and that the proposed use will not disrupt normal school operations.

The Board will permit school materials and equipment to be loaned to staff members when such use is directly or peripherally related to their employment, and to students when the material and equipment is to be used in connection with their studies or extracurricular activities. Community members will be allowed to use school-owned materials and equipment only for educational purposes that relate to school operations. The Board will also allow the loan of equipment to local governments and other entities that benefit the welfare of the surrounding community. The Board supports such inter-municipal cooperation as it saves taxpayer monies and is a more efficient use of scarce or costly equipment and resources.

The District will develop administrative regulations to assure that use of school-owned materials and/or equipment complies with the letter and spirit of this policy, including a description of the respective rights and responsibilities of the School District/lender and borrower in relation to such materials and equipment.

Education Law Section 414 NY Constitution Article 8

NOTE: Refer also to Policies

#5640 -- Smoking/Tobacco Use

#7320 -- Alcohol, Tobacco, Drugs and Other Substances (Students)

#7410 -- Extracurricular Activities

District Code of Conduct

Adopted: 02/10/2014

Revised: 03/19/2015

Revised: 02/06/2019

District Office



Mandatory Announcement

Required announcement at all the afterschool programs, events, or performances where visitors unfamiliar with our facilities attend.

FOR INDOOR EVENTS

Attention athletes and guests/or ladies and gentlemen, in the event of an emergency which requires the evacuation of the building, please exit in an orderly fashion through the same doors in which you entered. If a different evacuation route is needed, please follow the directions of the event staff personnel. Also, please take a moment to identify the closest EXIT available to you in case of an emergency. If you have any questions, please ask event staff personnel. Thank you.

FOR OUTDOOR SPORTING EVENTS

Attention athletes and guests, in the event of an emergency which requires the evacuation of the premises, please exit in an orderly fashion in the same direction in which you entered. If a different evacuation route is needed, please follow the directions of the event staff personnel. Also, please take a moment to identify the closest EXIT available to you in case of an emergency. If you have any questions, please ask event staff personnel. Thank you.