

# FACILITIES USE - PROGRAM APPLICATION

## RIVERVIEW CHARTER SCHOOL

Name of Program: \_\_\_\_\_ Age range of participants: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Number of Program Staff (min 2:25): \_\_\_\_\_

**Program participants will be:** limited to Riverview students **OR** include non- Riverview students

*Note: Programs that include non-Riverview students must be approved by the Beaufort County Board of Education in keeping with Riverview Charter School's lease agreement. Programs that only include Riverview students may be approved or denied at the sole discretion of Riverview Charter School's Director.*

Program Hours of Operation: \_\_\_\_\_

Dates requesting: \_\_\_\_\_

Facility Spaces Needed: \_\_\_\_\_

*Please specify the spaces needed including but not limited to: Gymnasium, Media Center, Cafeteria, Number of Classrooms, Music Room, outdoor field space, playgrounds, etc.*

Primary Individual Responsible: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Description of the program:** Please attach a copy of the program brochure/website and application; The following statement must be printed on the program brochure and program application (signed by parents) in bold and all capital letters: **“RIVERVIEW CHARTER SCHOOL IS NOT A SPONSOR OF THIS PROGRAM AND IS IN NO WAY AFFILIATED WITH THIS PROGRAM OR ITS ADMINISTRATION. RIVERVIEW CHARTER SCHOOL IS MERELY ALLOWING THIS PROGRAM TO USE ITS FACILITIES.”**

**I acknowledge that two (2) weeks prior to the start of program, Riverview Charter School must have on file:**

A copy of the program's guidelines as provided to all participants and their Parents including the statement set forth above in quotation marks, and a statement that the program shall not discriminate on the basis of race, sex, religion, ethnicity or national origin;

Current SLED checks for all Program Staff/Employees;

Current Health Forms (generated by the Program Provider) for each Program;

Current CPR and First Aid Certification for at least one (1) Program Staff member who must be onsite at all times while program participants are present;

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A copy of all release waivers signed by Parents of Program Participants acknowledging that Riverview Charter School is not responsible for anything that happens during the program and that the parents are holding harmless Riverview from any liability for any injuries incurred while participating in the program;

Certificate of General Liability Insurance of \$1,000,000.00 on any one occurrence naming Riverview Charter School as additional insured;

A copy of the Program student accident policy;

Workers Compensation insurance covering all Program Staff/Employees;

A refundable deposit of \$5,000/use.

**Failure to provide the above documents at least two weeks prior to the start of Program may result in the program's cancellation at the sole discretion of Riverview Charter School.**

The Program Provider assumes responsibility for, and hereby releases and shall hold harmless Riverview Charter School, its Board and employees, from, any liability for any injuries incurred by any person while the program is utilizing the Riverview Charter School facilities.

The Program Provider and its employees and participants are not entitled to have access to any personal property or school records, which belong to Riverview Charter School and agree that, should anyone obtain access to such property or records, the program will return those items to Riverview Charter School immediately.

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*Signature*

*Date*

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*Review and approval of program applications will be made by the School Director. Space will be made available to outside organizations when use does not conflict with scheduled Riverview Charter School functions or events, and if the activity is consistent with the objectives and mission of the School.*