

ROCHESTER SCHOOL DISTRICT

Use of Facilities

Concussions/Head Injuries and Sudden Cardiac Arrest

Compliance Statement for HB 1824, Youth Sports-Head Injury and ESSB 5083, Sudden Cardiac Arrest Awareness Act Polices

_____ requests the use of the
(Organization Name)

Rochester School District facilities for the following dates:

_____, a private non-profit youth sports group,
(Organization Name)

verifies all coaches, athletes and their parent/guardian have complied with mandated policies for the management of concussions and head injuries as prescribed by HB 1824, section 2, and the requirements under ESSB 5083, Sudden Cardiac Arrest Awareness Act.

Proof of insurance under an accident and liability policy issued by an insurance company authorized to do business in Washington State covering any injury or damage with at least \$1,000,000 per occurrence for bodily injury or death with an annual aggregate of \$2,000,000 naming Rochester School District as an additional insured has been provided.

Signed:

Representative of Private Non-Profit Youth Sports Group

(Date)

*Note: Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district &/or designee.