Caravel Academy

ROBERT C. PEOPLES

DOROTHY M. PEOPLES

Founder

President

2801 Del Laws Road Bear, Delaware 19701



JERRY LAMEY, Ed.D. Head of School

Phone (302) 834-8938 Fax (302) 834-3658 www.caravel.org

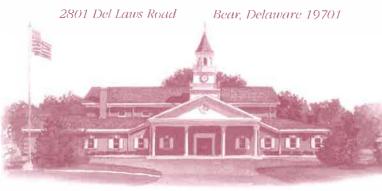
APPLICATION FOR USE OF CARAVEL ACADEMY FACILITIES

Name:				Cell Phone:		
Address:						
Home Phone:				Work Phone:		
Emall Address:						
Team/Organization:					Age Group:	
_						
OUTDOOR:						
I request the use of (s	ee man)			on		
	ee map/_		Field #			Days
attime	for th	e follov	ving dates: Start	date	End	date
Admission Charged:	YES	NO	Amount: \$			
Number of participan	ts:			Spectators:		
INDOOR:						
I request the use of				on		
	Café, Library, Gym, Rooms				Days	
at	for the	e follow	/ing dates: Start		End	
time Admission Charged:	YES	NO	Amount: \$	date	_	date
Number of participant	s:			Spectators:		
For the following;						

Please return to Jerry Lamey, Ed.D. Head of School, Caravel Academy 2801 Del Laws RD, Bear, DE 19701 (302) 834-8938

A Prestigious Academic Program In A Countryside Setting

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USE OF FACILITY LIABILITY WAIVER

Caravel Academy, Inc., R. C. Peoples, Inc., or D. M. Peoples Investment, Corp., will not be responsible for any injuries or other damages suffered by participants or spectators in programs which use its facilities. Caravel Academy, Inc., R. C. Peoples, Inc., or D. M. Peoples Investment, Inc., will not pay medical expenses for any injuries which occur. All risk of injury must be assumed by the participants or users. Participants or users of facilities must provide Certificate of Insurance which indicates Caravel Academy, Inc., R. C. Peoples, Inc., or D. M. Peoples Investment, Inc., are co-insurers and insured against any claim by the participating organization's insurance coverage.

Each supervisor or coach is responsible to check the facility for safety before beginning activity. The coach or supervisor must determine the facilities safe. The supervisor or coach assumes the responsibility for all participants. The supervisor or coach must report any safety problem immediately to Caravel Academy.

APPLICANT/ORGANIZATION MUST FOLLOW ALL GUIDELINES REGARDING COVID-19, PER GOVERNOR CARNEY, CDC & DPH. Responsible for all DPH protocols including providing sanitizer, sanitizing, and social distancing

Your signature below indicates you understand all responsibilities you are assuming.

Signature:	
Team:	
Organization:	
Position (manager/coach):	
Date:	
Diagon wata that the contificate of incurance must have	a Caraval Academy Inc. B.C. Decales Inc. and D. M.

Please note that the certificate of insurance must have Caravel Academy, Inc., R.C. Peoples, Inc. and D. M. Peoples Investment, Corp., listed as both the certificate holder and additional insured.

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