

Caravel Academy

2801 Del Laws Road Bear, Delaware 19701

ROBERT C. PEOPLES
Founder

DOROTHY M. PEOPLES
President



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: _____

Email Address: _____

Team/Organization: _____ Age Group: _____

Describe Activity: _____

OUTDOOR:

I request the use of (see map) _____ on _____

at _____ for the following dates: Start _____ End _____
time _____ date _____ date _____
Field # _____ Days _____

Admission Charged: YES NO Amount: \$ _____

Number of participants: _____ Spectators: _____

INDOOR:

I request the use of _____ on _____

at _____ for the following dates: Start _____ End _____
time _____ date _____ date _____
Café, Library, Gym, Rooms _____ Days _____

Admission Charged: YES NO Amount: \$ _____

Number of participants: _____ 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: _____

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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