

## RENTAL OF FACILITIES AGREEMENT

**To be completed by organization requesting use:**

1. Name of facility requested \_\_\_\_\_
2. Dates requested \_\_\_\_\_
3. Specific area(s) requested \_\_\_\_\_
4. Begin/End time of use \_\_\_\_\_
5. Renting organization \_\_\_\_\_
6. Purpose of activity \_\_\_\_\_
7. Liability insurance                      Yes \_\_\_\_ No \_\_\_\_  
 Certificate of Insurance provided    Yes \_\_\_\_ No \_\_\_\_
8. Person in charge \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

|  |
|--|
| Tax Exempt No.:<br>_____<br><br>Occupational License No.:<br>_____ |
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| Minimum Insurance required:<br><ul style="list-style-type: none"> <li>▪ Liability \$1,000,000</li> <li>▪ Property Damage \$50,000</li> </ul> |
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List specific needs such as number of chairs, mikes on stage, in aisles, music, additional custodial help, etc.:

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It is understood and agreed that no alterations may be made to the electrical system or ancillary components or any part of the facilities, and the renting organization will assume any liability and responsibility for damages to the property. The organization shall hold harmless and indemnify the School Board, its agents, servants and employees from any and all liability and damages of every kind and sort, including but not limited to, attorneys fees and court costs that may occur in connection with the rental as a result of any action of inaction of the organization, or any of its agents, servants, employees or invitees. The principal or administrator of the participating facility shall have the final recommending authority on any rental agreement. The rental organization will compensate for any additional usage of facilities beyond the agreed time. Additional fees may be required for special set-ups.

I have received and understand the memorandum explaining the School Board's AHERA Plan.

|                      |                                |                    |
|----------------------|--------------------------------|--------------------|
| Name of Organization | Signature of Authorized Person | Office or Position |
|----------------------|--------------------------------|--------------------|

**To be completed by principal of the facility:**      Date: \_\_\_\_\_

Principal Approval    Yes \_\_\_\_ No \_\_\_\_      Principal Signature \_\_\_\_\_

Total charges listed below are to be paid by check to the participating school:

| Direct Charges                           | Other Charges              |
|--|----------------------------|
| Rental Fee                      \$ _____ | Maintenance, etc. \$ _____ |
| 6.25% Sales Tax                \$ _____  | Damage Retainer \$ _____   |
| Custodial Charges              \$ _____  |                            |

|                  |
|------------------|
| Fee Waived _____ |
|------------------|

Total Charges \$ \_\_\_\_\_