

SUWANNEE COUNTY SCHOOL BOARD

Facility Rental: User Agreement

SECTION I: TO BE COMPLETED BY INDEMNITOR REQUESTING TO USE FACILITIES

Pursuant to School Board Policies, application is hereby made and permission requested for the temporary use of school facilities.

Name of Indemnitor: _____
Address _____ Phone Number _____
Name of School: _____ Facility to be Used: _____
Date of Use: _____ Time of Use From: _____ To: _____
Purpose of Use: _____

Any Indemnitor or individual (hereinafter referred to as "Indemnitors") requesting to use school facilities or school property for any activity hereby agrees and acknowledges the following policy:

POLICY:

1. The SCSB shall be paid a deposit equal to the value on the Fee Schedule Work Sheet.
2. Indemnitors agree to provide proof of liability insurance coverage in at least the amount of \$1,000,000 per occurrence.
3. The Indemnitor hereby releases, acquits and forever discharges the School Board of Suwannee County ("School Board"), its officers, agents and employees, of and from every claim, demand, cause of action or right of whatsoever nature or kind, for personal injuries, illness, disease or damage to property, arising from or associated with this agreement or the use of school facilities, equipment or property by the Indemnitor or any of its officers, agents, employees, contractors or students, sustained at any time in the future by the Indemnitor or any of its officers, agents, employees, contractors, or students. Further the Indemnitor agrees to defend, indemnify and hold the School Board, its officers, agents and employees harmless of and from every such claim, demand, cause of action or right of whatsoever nature or kind except as may result solely from the negligence of the School Board, its Officers, or employees. The Indemnitor, at its own cost, expense and risk, shall defend any legal proceedings that may be brought against the School Board on any claim or demand arising out of the use of the School Board's facilities, equipment or property and shall satisfy any judgment that may be rendered against the Board. The School Board shall notify the Indemnitor of the receipt of any such claim or demand. The Indemnitor agrees not to reassign or sublet the facilities, equipment or property requested herein or any part thereof for any other purpose than specified herein.
4. It is understood that no alterations to electrical systems, ancillary components or any part of the facilities will be made, and the Indemnitor will assume any personal liability and responsibility for damages incurred.
5. A walk through must be completed before and after rental by a site supervisor, or designee, noting any areas of concerns or damages.
 - All deposits will be submitted to the SCSB Finance Department and will be deposited. Upon final inspection a refund check will be mailed to the Indemnitor.
6. Fee Schedule's are based on a maximum of three (3) hours usage. Additional fees may be required should the event extend beyond three (3) hours.
7. For events requiring the services of a custodian, the Indemnitor is required to contract with a custodian who is an employee of the SCSB. This employee must be present prior to and through the close of the event and until his/her duties are complete.
8. If kitchen and/or dining facilities are rented then the Indemnitor must contract with one food service worker. This employee must be present prior to and through the close of the event and until his/her duties are complete.
 - All contracted employees shall be paid per fee schedule worksheet.
9. The use of alcohol/drugs or any illegal activities on SCSB property is strictly prohibited.
 - The use of tobacco products *in any form* in any district owned facility or property is prohibited.
10. The Principal or Administrator of the participating facility shall have the final recommending authority on any rental agreement.

Signature of Authorized Representative of Indemnitor: _____

Printed Name: _____ Title: _____ Date: _____

SECTION II: TO BE COMPLETED BY FACILITY ADMINISTRATOR / PRINCIPAL

- A. _____ I recommend the above Indemnitor be authorized to use the facilities as requested.
_____ I do not recommend authorization to use the facilities as requested.
- B. _____ Proof of liability insurance coverage attached (\$1,000,000 minimum).
_____ No proof of liability insurance coverage. (Information regarding purchasing coverage may be obtained from Finance Office)
- C. _____ Facility use fee of \$ _____ attached (please attach fee schedule worksheet).
_____ Facility use fee waiver recommended.

Signature of Facility Administrator / Principal: _____ Date: _____

Facilities use form(s) to Finance Dept. for liability coverage validation and final approval of use [Date]: _____

Signed by Chief Finance Officer: _____

SUWANNEE COUNTY SCHOOL BOARD
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FACILITY NAME: _____

DATE OF USE: _____

SCSB INITIAL UPON <u>INITIAL</u> INSPECTION	PLEASE MARK BOX FOR SPACE(S) RENTED		SCSB INITIAL UPON <u>FINAL</u> INSPECTION	SCSB RECOMMENDS RETURN OF DEPOSIT YES / NO
	AUDITORIUM	<input type="checkbox"/>		
	CAFETERIA	<input type="checkbox"/>		
	KITCHEN	<input type="checkbox"/>		
	DINING ROOM	<input type="checkbox"/>		
	CLASSROOM	<input type="checkbox"/>		
	ROOM # _____	<input type="checkbox"/>		
	ROOM # _____	<input type="checkbox"/>		
	ROOM # _____	<input type="checkbox"/>		
	ROOM # _____	<input type="checkbox"/>		
	ROOM # _____	<input type="checkbox"/>		
	CONFERENCE BUILDING	<input type="checkbox"/>		
	GYMNASIUM	<input type="checkbox"/>		
	LIBRARY	<input type="checkbox"/>		
	SPORTS FACILITIES	<input type="checkbox"/>		
	FOOTBALL STADIUM	<input type="checkbox"/>		
	OTHER SPORTS FIELDS	<input type="checkbox"/>		

Please use this space to comment on findings (attach supplemental page if needed):

Initial Inspection - Lessors Signature & Date: _____

Final Inspection - Lessors Signature & Date: _____

By Signing This Form You Hereby Acknowledge That The Statements Made Hereon Are Accurate: