INDIAN RIVER STATE COLLEGE

FACILITIES USAGE AGREEMENT

INSTRUCTIONS: Complete this form with a Facility Use Coordinator. Room reservations are not final until all appropriate paperwork is submitted and an approved copy of this form is returned to you.

ORGANIZATION NAME_____

EVENT NAME_____

MAILING ADDRESS_____

Contact Person & Telephone #_____

Check One □ Not-For-Profit □ For-Profit □ Political □ Educational □ Religious □ Other

FACILITY REQUESTED_____**ROOM(S) REQUESTED**_____(only rooms requested will be provided)

DESCRIPTION OF ACTIVITY TO BE CONDUCTED (please be specific)

_____

REQUESTED DATE(S)_____ **ESTIMATED # OF PARTICIPANTS**_____

BEGINNING TIME (including set-up)_____ **ENDING TIME** (including clean-up)_____

CERTIFICATION OF INSURANCE □ On-File □ Purchasing □ In-House Event

Please note: In order to use College facilities, the Certificate of Liability Insurance must be provided within five (5) business days of receipt of the facilities usage request, indicate liability coverages satisfactory to IRSC, and name IRSC District Board of Trustees is an additional insured. Without this additional insured statement, the facilities request will not be approved.

SALES TAX EXEMPTION □ Yes □ No If yes, Certificate □ On-File □ Sending

Is this activity sponsored/co-sponsored by IRSC? □ Yes □ No AUTHORIZED BY _____
Note: Sponsored/Co-sponsored activities must be approved by VP/of Student Affairs.
Is this organization an institutional donor? □ Yes □ No AUTHORIZED BY _____
Note: Donor status must be approved by Executive Director of Foundation

SUMMARY OF CHARGES

$_____ Room Deposit	$_____ Room Rental	$_____Custodial	$_____ Technician
$_____ Kitchen Deposit	$_____ Kitchen Rental	$_____ Insurance	$_____ Other
$_____ Total Deposit(s)	$_____ Sales Tax	$_____ Total Rental Fees	$_____ Total Amount Due

Adjustments will be made as necessary.

IRSC Coordinator Name & Date Initiated_____

Cancellation Policy: Deposit will be refunded only if written notification is received by the Facility Use Coordinator at least 3 business days prior to the event.

Affirmative Action/Equal Opportunity and American with Disabilities Acts: To request a reasonable accommodation, a minimum of five (5) business days advance notice is required. IRSC is an equal opportunity, affirmative action employer and educational institution committed to excellence through diversity.

Hold Harmless & Indemnification Agreement: The undersigned agrees to defend, indemnify and hold harmless Indian River State College (IRSC), its Board of Trustees, officers, agents and employees, individually and collectively, from and against all costs, losses, claims, actions and judgments arising from personal injuries, property damage or otherwise, however causes, that may arise from or be alleged to be caused by the undersigned's use or occupancy of IRSC facilities, furniture, equipment or grounds.

Declaration of Applicant: I have read and understand the "Statement of Policy" and agree that the organization I represent (The Organization) will comply with its provisions. I hereby certify I am authorized to execute this document on behalf of The Organization and bind The Organization to this agreement as well as any other collateral documents. I warrant that I have fully inspected the facilities requested and agree they meet the needs of The Organization and are in suitable condition. The Organization accepts full responsibility for the facility and agrees that it will have sole responsibility to maintain the facility during the period in which The Organization occupies same. The Organization agrees that it is responsible for the conduct and behavior of all officers, agents, representatives, employees and invitees of The Organization. It is agreed that the failure to return the requested facility to the condition in which it existed prior to its usage by The Organization, will result in The Organization being responsible for the expense of cleaning and/or the repair of the facility. In the event that The Organization is not a legal entity, I agree that the obligations contained within this agreement and any collateral documents shall be my personal responsibility.

_____

Event Coordinator Print Name/Signature Date

_____ _____

IRSC Campus Director/Dean Date IRSC Space and Events Manager Date

_____

IRSC Risk Management Coordinator Date