



620 E. University Avenue, Gainesville, FL 32601

### Rental of Facilities Agreement

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

Renting Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax Exempt No.: \_\_\_\_\_ Occupational License No.: \_\_\_\_\_

Minimum Insurance Required: Liability \$1,000,000 Property Damage \$100,000

Upon approval, the School Board of Alachua County shall be named on the face of the certificate as an additional insured, and a copy of the general liability insurance coverage will be provided to the principal within five days.

Name of facility requested: \_\_\_\_\_

Dates requested: \_\_\_\_\_ Begin/end time of use: \_\_\_\_\_

Specific area(s) requested: \_\_\_\_\_

Purpose of activity: \_\_\_\_\_

Person in charge / Contact Information: \_\_\_\_\_

List specific needs such as number of chairs, mikes on stage, in aisles, music, additional custodial help, etc.:

\_\_\_\_\_

This agreement is governed by School Board Policy 7510 and is revocable at will by the District at any time. 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 or 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.

Organization Name: \_\_\_\_\_ Authorized Person (Print): \_\_\_\_\_

Office/Position: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**To be completed by principal of the facility:**

Date(s): \_\_\_\_\_ Principal Name (Print): \_\_\_\_\_

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

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

**Direct Charges Rental**

**Other Charges**

Fee \$ \_\_\_\_\_

Maintenance \$ \_\_\_\_\_

7% Sales Tax \$ \_\_\_\_\_

Damage Retainer \$ \_\_\_\_\_

Custodial Charges \$ \_\_\_\_\_

Certificate of Liability Insurance Received. Fee Waived: \_\_\_\_\_ Total Charges \$ \_\_\_\_\_