|  |
| --- |
| **CENTRAL MICHIGAN UNIVERSITY’S OFF-CAMPUS FACILITY USE AGREEMENT for Non-CMU Events** |
| This is an agreement between Central Michigan University and the Requestor identified below *(hereinafter referred to as the facility “User”)* for the use of an off-campus facility. |
| **Facility Information:** *(facility availability is subject to Landlord approval, if applicable)* |
| *Select an Off-Campus Location* | Date of Request: | *Date* |
| **Non-CMU Requestor Information:** |
| Contact Name: | *Name* | Start Date: | *Date* |
| Organization: | *Organization* | Start Time: | *Time* |
| Street Address: | *Street Address* | End Date: | *Date* |
| City/State/Zip: | *City/State/Zip* | End Time: | *Time* |
| Phone #: | *Phone #* | Total Hours: | *#* |
| E-mail: | *E-mail* | # of Participants: | *#* |
| Purpose of Event: | *Describe* |
| Payment Terms for Non-CMU Users *(Off-Campus Facility Business hours are Mon – Fri 8:00 am – 5:00 pm)* |
|[x]  Cleaning Fee *(determined by CMU)* | $50.00 | $ |
| *# hours* | Room Rental | $25.00 per hour | $ |
| *# non-business hrs* | CMU Staff *(for Non-Business Hours)* | $25.00 per hour/per employee | $ |
| *# of hours* | Computer Laboratory | $50.00 per hour additional | $ |
|[ ]  Audio/Visual Equipment Needed | $ | $ |
|[ ]  Other:  | $ | $ |
| **If fee adjustments are necessary, User will be notified within 10 days following event. Total Fees due within 30 days of event.** | **Total Fees:** | **$** |
| **Requestor’s Terms of Agreement -** The User agrees to abide by the terms and conditions set forth in the document entitled “Occupancy Guide for Central Michigan University’s Off-Campus Facilities” (attached hereto and fully incorporated herein), and to the following terms and conditions: |
| 1. **Audio/Visual and Other Equipment and/or Facility** – The User agrees that if the audio/visual equipment located in the classroom is used, that it assumes responsibility for payment of repairs and/or replacement caused by misuse or damage to the equipment and/or facility as set forth in the attached Guidelines.
2. **Insurance/Indemnity Requirements** – The User agrees that it does currently maintain, at its own expense, adequate public liability insurance in amounts of no less than $1,000,000.00 as to any one occurrence for bodily injury and $300,000.00 for property damage to cover the occurrence of property damage or bodily injury arising out of or during the use of the facility. The User will furnish evidence of such insurance coverage to CMU prior to its use of the facilities. **There must be a current certificate of insurance on file with CMU during any use of off-campus facility.** CMU provides liability protection only for its employees, officers, and agents when operating within the scope of their employment or agency.

The User hereby agrees to hold harmless and indemnify Central Michigan University, the Board of Trustees of Central Michigan University, their officers, employees, and agents from any and all liabilities, losses, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the User in the course of their use of the Facility. The User also agrees to reimburse the Facility Owner for any damages or costs, including clean-up, incurred to the Facility Owner arising out of the use of the Facility.1. **Master Lease and Compliance** – The User acknowledges that this agreement is subordinate to a master lease wherein CMU, or its predecessor, is the lessee, and given this relationship, the User agrees to be respectful of the property, and further, to obey the laws of the State where the facility is located, all local and federal laws, and the general policies, regulations, and guidelines of Central Michigan University.
2. **Advertising Event** – The User agrees to include the following disclaimer statement when advertising Non-CMU events “Not Sponsored by Central Michigan University”.
 |
| **Requestor’s Signature:** |  | Please forward completed form to the facility assistant director | *Date* |
| **To be Completed by CMU Staff** |
| **Off-Campus Facility Approval-Please forward completed form to Licensure & Regulatory Services at** **globallicensure@cmich.edu** |
| The signatures below confirm that the facility and/or staff are available for the requested time period. |
| Assistant Director’s Signature: |  | Date: | *Date* |
| Manager’s Signature: |  | Date: | *Date* |
| **CMU Approval** |
| Reviewer’s Initials: |  | Date Reviewed: | *Date* |
| Authorized Signature: |  | Date Authorized: | *Date* |
| Comments: | *Enter Comments* |