



College Use Only

Approved _____ Not Approved _____
 Insurance: _____
 Facilities: _____
 Audio/Visual: _____
 Custodial: _____
 Procurement: _____

FACILITIES USE AGREEMENT

Instructions: Please complete pages 1-6 of this form and return to: Gulf Coast State College, Campus Events, 5230 W US Hwy 98, Panama City, FL 32401, or email to kmccurdy2@gulfcoast.edu. The Office of Campus Events can be reached at (850) 872-3814.

This request must be made in writing at least ten (10) business days prior to the date of the event. Upon approval, fees will be assessed on Attachment 'A' and the agreement will be returned to the person filing the request for final signatures. Only upon receipt of the fully executed agreement will the facility be reserved. Facilities Use Agreement and proof of insurance (subsection I) must be submitted no less than five (5) business days before the event. Failure to provide documentation will result in the cancelation of the reservation.

Contact Person: _____ Phone: _____

Email: _____

Mailing Address: _____

Name of Activity/Event: _____

Organization/Business (User): _____

Educational Partner Non-profit (Exemption Number: _____) Profit

GCSC sponsored event? _____ Estimated Attendance: _____

Will you be charging an admission (or other) fee for attendees? No Yes

Will training or other educational component be provided? No Yes, what type? _____

Type of room(s)/specific room(s) requested: _____

Date(s) and Time(s): _____ **Note:** See next page to provide additional dates as needed.

	Date 1	Date 2	Date 3
Set-up			
Event time			
Break-down			

Note: Facility will be opened and closed for the user based on the dates and times listed above.

Maintenance Requirements

(Requests will be granted based on availability)

Setup style: Classroom style (tables/chairs) "U" shape Theater style (chairs only)

Will the event require any of the following items?

Chairs: No Yes; How many? _____ Use of stage: No Yes *stage is only available for SUE 232A

Tables: No Yes; Round tables or Rectangular tables 6ft how many? _____ 8ft how many? _____

Other _____

Additional trash receptacles: No Yes How many? _____ Will buses be arriving the date of the event? No Yes

Additional request(s) not listed on this form? _____

Audio Visual Requirements

Microphone(s) for larger rooms: (no more than 2 of each are available) Handheld Lapel

Screen/Projector

Podium

Computer/Internet

WIFI Access

Other AV assistance not listed: _____

Note: User is responsible for bringing their own connection cables / GCSC computers are not Mac compatible.

Additional Date(s) and Time(s):

	Date	Date	Date
Set-up			
Event Time			
Break-down			

	Date	Date	Date
Set-up			
Event Time			
Break-down			

	Date	Date	Date
Set-up			
Event Time			
Break-down			

Notes from Requester:

THE USER HAS FULL UNDERSTANDING OF AND AGREES TO THE FOLLOWING STIPULATIONS:

- A. This agreement must be returned and all deposits (if required) must be received no later than the date stated on Attachment 'A' or this agreement is null and void.
- B. Non-college groups utilizing the requested facility for the presentation of programs/productions that include musical pieces/selections must make the necessary arrangements for copyright permission.
- C. User, in exchange for use of the requested facility:
 - Indemnifies and holds harmless the College, its employees, the administrators, or members of the Board of Trustees against all suits, actions, claims cost, or demands (including without limitations, suits, claims, costs, or demands resulting from death, personal injury, and property damage or loss, including theft) to which the College, its employees, administrators, or Board of Trustees may be subject to or part of by reason of damage or injury (including death) to the property or person of anyone other than the employees, administrators, or Board of Trustees of the College, arising or resulting in whole or in part from the use of any and all types of real or tangible (mobile or stationary) property or facilities owned, leased, or under control of the College including seagoing vessels, excluding negligence solely caused by the College, its employees, administrators, or Board of Trustees.*
- D. The User will not permit unsupervised children to be brought on College property.
- E. The User agrees that the College will be sole authority in the determination and assessment of damages.
- F. The User will be held responsible and liable for damages over and above the amount of the damage deposit (if required) and such damages must be paid within a period of thirty (30) days after notification by the College. If no damages are assessed by the College, the User must request the damage deposit be refunded by submitting the form known as Attachment 'B'.
- G. The User will not sell food or drink. If food is to be provided, see page 3 section 7 below.
- H. The College reserves the right to recommend the removal or the arrest of anyone not exhibiting good conduct as determined by the College.
- I. Insurance.
 - a. Proof of insurance with general liability against bodily injury, personal injury, and property damage, in limits of not less than \$1,000,000 per claimant.
 - b. Gulf Coast State College listed as "Additional Insured".
 - c. Failure to comply with Paragraphs I. a. and I. b. above will result in the immediate cancellation of the agreement and the College will be held blameless of damages.
 - d. College reserves the right to accept or reject any Certificate of Insurance submitted by the User. Non-acceptance by the College of a Certificate of Insurance will result in the immediate cancellation of this agreement unless User agrees to purchase general liability insurance through the College insurance provider for any activity or event covered by this agreement. The cost of such insurance shall be the responsibility of the User. Beneficiary of any proceeds resulting from litigation or claims against such policy shall be solely the Colleges.

SAFETY AND FIRE REGULATIONS

1. **NO EXIT** may be blocked or access to the facility impeded in any way.
2. All life safety and fire safety equipment must be clearly visible and with unimpeded access. This includes fire alarms, fire extinguishers, exit lights, AED devices, etc.
3. The User shall NOT permit alcoholic beverages/drugs to be brought onto or consumed on College property with the exception of permissions granted in the current College Manual of Policy.
4. **NO SMOKING IS PERMITTED** on campus.
5. **NO PETS ALLOWED ON COLLEGE CAMPUS** excluding service animals.
6. Representative(s) who sign the Facilities Use Agreement are responsible for the conduct of participants, patrons, and guests, and for enforcing all College rules and policies.
7. The College requires all food vendors to provide proof of insurance, ServSafe Certificate, and a copy of the company business license. Through this agreement, the User assumes the responsibility of verifying all needed documentation.
8. For security purposes, all rental activities are open to College officials at all times.

Athletic Facilities

The Billy Harrison Field House can be reserved only after approval from the GCSC Athletics Director. For inquiries, please contact our Athletic Department at (850) 769-1551, ext. 3831.

Amelia Tapper Center

The Amelia Tapper Center Theatre is available for reservations for events only after approval from the Visual & Performing Arts Division Chair and Technical Specialist. Requests for use must be submitted at least 3 weeks prior to event date. To submit Usage Request Form, visit www.gulfcoast.edu/arts and select the "Amelia Center Theatre User Questionnaire" from the left menu bar.

****ANY VIOLATION OF THE ABOVE MAY RESULT IN FUTURE REQUESTS BEING DENIED. THE ORGANIZATION MUST THEN PETITION THE PRESIDENT FOR PERMISSION TO USE COLLEGE FACILITIES.**

I have read this agreement in its entirety, and have a full understanding of and agree to the stipulations therein.

(Requestor signature)

(Date signed)

(Facilities Scheduler signature)

(Date signed)

Affidavit - Damage Liability Statement

For temporary use of the _____ on _____ 20____.
(GCSC Location)

I, _____, representative of _____
(Name of Affiant) (Name of Organization)

personally appeared before the undersigned notary public, and under oath or affirmation make the following statement: On behalf of said organization, I do hereby swear or affirm that said organization agrees to be responsible and to pay to the District Board of Trustees of Gulf Coast State College for any damages sustained by the College to its premises, furniture, or equipment which may occur because of the occupancy and use of said premises by said organization. I further pledge on behalf of said organization that we will abide by and enforce all rules, regulations, and policies promulgated by the College or by the Gulf Coast State College Board of Trustees concerning the use of the College building or facilities.

(Signature of Affiant) (Date)

State of Florida, County _____

Sworn to (or affirmed) and subscribed before me on

_____ by _____
(Date) (Printed name of individual making statement)

who provided to me on the basis of satisfactory evidence to be the person who appeared before me:

_____ Personally Known to Me
OR
_____ Produced Identification; Type of ID _____

(Signature of Notary Public) (Printed Name of Notary Public)

My commission expires _____

(Stamp/Seal)

ATTACHMENT 'A'

ITEMIZED CHARGES

The College hereby agrees to permit the User to rent/use the requested facility located on the property of Gulf Coast State College for the sum of \$ _____ (this includes refundable deposits of \$ _____) on the date(s) listed.

RENTAL CHARGES

Rental Charge _____

Weekend Surcharge _____

GCSC Afterhours AV Assistance Fee _____

GCSC Afterhours Custodial Fee _____

Damage Deposit _____

TOTAL DUE: _____

DUE BY: _____

(Requestor signature)

(Event Coordinator signature)

(Date signed)

(Date signed)

ATTACHMENT 'B'

DAMAGE DEPOSIT - REFUND SUBMITTAL FORM

(Form must be received by College within ten (10) days after event to issue refund)

Facility Requested: _____

Organization/Business: _____

Dates of Use: _____

Amount of Deposit: _____

Address to Return Deposit: ATTN: _____

(Signature of person requesting refund)

(Date)

COLLEGE USE ONLY:

- There was no damage to the facility used per visual inspection.
- There was damage to the facility used as outlined below. Also provided is the amount of damage deposit to retain.

(Signature of person assessing damage)

(Date)