



Blue Mountain Community College Facility and Equipment Use Agreement

Organization Name _____

Name _____

Address (for billing purposes) _____

Phone Number(s) _____

Description of intended use, specific location of use and type of facility or equipment requested (be specific):

Date(s) of Use From _____ to _____

Hours of Use (include what time you want to access the facility): From: _____ to _____

Terms and Conditions: This Facility Use Agreement is between Blue Mountain Community College and the organization/individual identified on this form, hereinafter referred to as "User". User agrees to be responsible for the proper care and use of the facility and the equipment. User assumes the responsibility for damage to the facility and cost of repairs beyond normal use caused by User. User agrees to use only the area and space referenced in this form, for only the stated purpose, and at the location as described above.

User understands while utilizing this space the User is subject to the policies and procedures for the college. The College reserves the right to charge a surcharge for equipment used past the dates indicated on this form.

User understands fees may be assessed for the use of these areas and an estimate will be provided to User before a final agreement to utilize facilities or equipment is made. User must show proof of liability insurance for the requested activity. User must comply with specific requirements outlined in this Agreement. Be it further understood that Blue Mountain Community College assumes absolutely no financial responsibility for any injury, accident, or lawsuit that may occur during the User's tenure of grounds or facilities.

I have agreed to the conditions and fees. Please provide proof of insurance at time of request.

Signature _____ Date _____

For Blue Mountain Community College Use Only

Approved _____ Not Approved _____ Signature _____

Use Fees: _____ Facility Use - Proof of Insurance is provided and attached _____

Special Directions, information or restrictions for facility or equipment use: _____

Equipment – if approved: Model number _____ Serial number _____

Equipment Returned BMCC Staff Signature _____ Date _____