ROCORI Area Schools
Facility Rental Agreement Form

Independent School District No. 750 is hereby released from all liability and held harmless from any risk or exposure for damage, destruction, theft, vandalism, physical injuries to persons or property or any other mishap of any nature whatsoever.

The undersigned and the organization represented hereby agree to totally indemnify Independent School District No. 750 for any damage resulting from any mishaps and saves harmless the School District from all liability on any and all claims for all costs and expenses in suits which may be brought against the school district.

Organization _____

Activity/Event _____

Contact Person _____ **Phone** _____

Day(s) and Date(s) Needed _____

Building: ____**ROCORI High School** ____**ROCORI Middle School** ____**Cold Spring Elementary**
____**Richmond Elementary** ____**John Clark Elementary (Rockville)** ____**District Education Facility**

Total Charge (if applicable)**: $** _____

Rooms/Area Requesting	**Set up time (am/pm)**	**Activity Time (am/pm)**	**Exit Time (am/pm)**

Audio visual equipment needed and where it should be placed - include a diagram if necessary: (microphone, TV/DVD/VCR, computer projector, etc.)_____

Other equipment needed and where it should be placed - include a diagram if necessary: (tables, chairs, podium, etc.)

_____

Your signature indicates you agree to comply with District 750's Facility use terms. The group you represent will be held responsible for any damage to the facility or its contents. You also acknowledge that liability insurance is provided through your organization. Your signature assures that all rental and personnel fees that apply are paid in full.

_____ _____
Signature of Applicant Date

_____
Street address city state zip

_____
Email address

The completed form should be returned to ROCORI Community Education, 527 Main St., Cold Spring, MN 56320 320-685-8631

For office use only

Signature of Building Principal_____ Date_____

Cash/Check #_____Amount Paid_____Date rec'd_____Date Mailed_____