STATE OF LOUISIANA PARISH OF RAPIDES

CONTRACT OF LEASE

| Agreement is made this day of | 20 between Rapides Parish School Board | | | | |
|--|---|--|--|--|--|
| hereinafter referred to as Lessor and | | | | _ hereinafter | |
| referred to as Lessee for the use of | | | | | |
| referred to as Lessee for the use of | SCHO | OL/FACILITY N | AME | | |
| | | | | | |
| | | | | | |
| ROOMS OR FACILIT | IES TO BE U | JSED (List in | dividually) | | |
| For the purpose of: | | | | | |
| <u> </u> | ACTIVITI | ES | | | |
| This agreement shall be for a period of | day(s), b | | , 20 at | | |
| a.m./p.m. and ending | , | 20 at | a.m./p.m. | | |
| by Rapides Parish School Board policy, which certifical Ancillary Services at the Central Office at 619 Sixth Stailure to properly file this certificate will result in the to Rapides Parish School Board as an additional insured i imputed to the Rapides Parish School Board as an addit with at least an A rating in the most current Best Insuran insured. Any restrictions/special items in the policy cancellation on non-renewal will be required. All Rapide 2. Lessee agrees to assume all responsibilities for da grounds during lease period) directly or indirectly arisin any and all claims and/or damages (including attorney's the premises by lessee, its agents and employees. This contract for lease is signed this day | treet, 48 hours in termination of the in the policy and tional insured. The nec Rating Book will be shown es Parish School amages and/or mag out of Lessee is fees and invest | n advance of the is Lease. The Cl a breach of wa The Certificate of and must contain on or attached Board facilities maintenance to 's use. Lessee thigative expense | e event. It is understoodertificate of Insurance arranty by the named it if Insurance will be issent the phone number for to the Certificate. The and grounds are smoked lessor's premises (Les further agrees to hold be a rising out of this lessor) arising out of this lessor. | od and agreed that will designate the nsured will not be used by a company or the producer and ten days notice of and tobacco free. See will maintain dessor harmless for | |
| Overtime Reimbursement \$ | | | | | |
| Use Fee Amount: \$ | | Name of Le | ssee (Please Pint) | | |
| (Fee Schedule or amended by Superintendent or DAS Admint) | | - | ress/Street/PO Box/City/s E-mail Address | - | |
| | Ву: | | Legal Signature Authorit | | |
| | Les | ssee Signature (| Legal Signature Authorit | y) | |
| Concurrence of Use: | RAPII | DES PARIS | H SCHOOL BOA | ARD | |
| By: | | | | | |
| Principal (Signature) | Superintendent or Designee | | | | |
| Rev. 2/26/18 | | Risk Mgr | | | |