

Facility Rental Agreement Form

III. Terms and Conditions

- 1. Priority of Use: School and school-related activities have highest priority. All other uses are granted based on a tiered system.
- 2. Cancellation Policy: Events will be automatically canceled if schools close due to adverse weather, lockdown, or pandemic.
- 3. Adult Supervision: All students must be supervised by an adult at all times.
- 4. Prohibited Uses:
 - Private social functions (e.g., birthday parties) are not permitted.

Special Equipment Needs:

- Use of drugs, intoxicants, tobacco, and tobacco substitute products is strictly prohibited.
- 5. Clean-up: All groups must clean up the facilities after use.



IV. Financial Responsibility

- 1. Damage Liability: The sponsoring individual/organization is responsible for any damage, theft, or extraordinary cleaning costs.
- 2. Insurance: A liability insurance certificate is required (\$500,000/individual, \$1,000,000/aggregate).
- 3. Fees: (for a standard 4-hour period ending by 9:00 PM)
 - School/community groups: No charge if no admission fee is charged
 - Outside groups:
 - * Gymnasiums/Multi-purpose Room: \$150
 - * Auditorium: \$350 (with dressing rooms: \$400)
 - * Classroom: \$25
 - * Elementary Fields/Diamonds: \$100
 - * Locker Room: \$50
 - * Stadium: \$1,300 (with lights: \$1,500)
 - * Community Room/Scout House: \$100
 - Additional Costs:
 - Custodial services: Additional fee based on current hourly rate
 - Facility manager for athletic events
 - Special equipment operation: Additional hourly rate for trained personnel
 - Damage deposit: \$100 (refundable if unused)
- 4. Payment: All fees due two weeks in advance, payable to Ottawa Hills Schools, c/o Treasurer.

V. Agreement

I have read and I agree to the terms and conditions outlined in this agreement. I understand my responsibilities for supervision, conduct, and financial liability.

Signature:	Date:
Printed Name:	
~Send completed forms to C	perations Director Tom Siloy: tsiloy@ohschools.org.^
VI. For Official Use Or	nly
Approved by:	Date:
	Deposit Received: \$
Insurance Certificate Receive	ed: 🗆 Yes 🗆 No 🗆 N/A
Special Instructions:	