

Not for Profit: ☐ (Documentation may be required)For Profit: ☐

2026

CARMEL CLAY SCHOOLS
 5201 E. Main Street Carmel, IN 46033
FACILITY USE AGREEMENT

School you are requesting use of: _____

Address of Your Organization: _____

Name of Your Organization: _____ (hereinafter referred to as the User(s)) and the Carmel Clay Schools (hereinafter referred to as the School), agree to allow the following described room(s) or facility(ies): (**Areas with * are required**)

Add additional page to request chairs/tables or other set up needs.

* DATES of USE (For extended use, please attach complete schedule)	DATE	DATE	DATE	DATE	DATE
* Day of Week (M-T-W-Th-F)					
* Time of Access to Building					
* Time of Vacate					
* Performance Time(s) if applicable					
Check all requested areas for each day they are to be used by User(s) subject to the following terms and conditions which are agreed to by the respective parties.					
Cafeteria: (CHS – main or freshman)					
Kitchen					
Gymnasium					
Auditorium					
Stage					
LGI					
Other meeting room: (please specify)					
Non-meeting room: (please specify)					

Attach additional page to request chairs, tables or other set up needs.

Description of this event: _____

Number of people attending: _____ Fee charged to attendees: _____

CONDITIONS:

- The User(s) to pay fees as assessed.** An invoice will be issued upon receipt of application by the Business Office. The fees must be paid on or before the given payment date as identified on the invoice. Prepayment is required. Additional charges will be invoiced for use beyond the requested time. **The facility will not be reserved until payment has been received by the Business Office.**
- The User(s) must take out and maintain current throughout the term of this agreement general liability and umbrella liability insurance with a reputable insurer, having an A.M Best rating of A –, VII or better, in which (a) the School is indemnified in an amount totaling not less than \$2 million per occurrence for any claims whatsoever (including injury to persons or damage to property) arising out of the use of the School premises by the User(s); (b) the School must be named as an Additional Insured on all policies on a primary and non-contributory basis; (c) a waiver of subrogation is provided in favor of the school and its insurers; and (d) a certificate of insurance evidencing the required coverage must be produced to the School upon application for the facilities and also prior to any renewals if the facility is still being utilized during that time
- The User(s) will use only those areas of the building specified above.
- Use of school technology, internet and equipment with the exception of a basic microphone and podium is not available for use by outside groups.
- Access to the building will not be granted prior to the agreed upon times.

6. User(s) must supervise their participants/attendees; children must not be left unattended.
7. Furniture and equipment moved during use of the premises must be replaced, the premises must be left in a clean and tidy condition, proper care will be taken of the premises during use and the User(s) will be responsible for any damage.
8. Access to stage facilities will not be granted without the presence of the Auditorium Director.
9. No food or drink is permitted in the Auditorium, Stage or Gymnasium Areas at any time.
10. The User(s) may not hang or erect advertising banners, flags or signs.
11. The use of tobacco or alcohol is prohibited on school property.
12. The User(s) agrees that no hazardous materials, including but not limited to flammable materials or liquids, fireworks, pyrotechnic devices, explosives, poisonous materials or plants, strong acids or caustics, or dangerous animals will be brought onto the premises or used in any way while occupying any portion of any School owned property.
13. The User(s) agree that no amusement rides or attractions, including but not limited to trampolines of any type, enclosed or air supported structures of any type, climbing walls, climbing ropes, firearms or shooting activity, bow and arrow shooting activity or equipment or devices related thereto will be brought onto the premises or used in any way while occupying any portion of any School owned property.
14. The User(s) must give written notice to the School of any accident resulting in bodily injury or damage to property of the School or others occurring on School premises or in any way connected with the use of School premises within 24 hours of the accident. The notice must include details of the time, place and circumstances of the names and addresses of any person(s) witnessing the accident.
15. The School reserves the right to terminate the agreement immediately by notice in writing, at its absolute discretion if this agreement is violated by the User(s) (or the servants, agents or invitees of the User(s)).
16. The User(s) are to observe the following extra conditions: _____

In addition, the User(s) undertakes and agrees to indemnify and hold harmless the Carmel Clay Schools, Board of School Trustees, Board elected and appointed officials, administrators, principals, teachers and all other school employees, volunteers or representatives, and all persons and bodies corporate acting for or on behalf of them, against all liability, claims, demands, actions, suits, damages, proceedings, costs and expenses (including reasonable attorney fees) whatsoever (including injury to persons and damage to property) for which they may be or become liable directly or indirectly arising out of the use of School premises by the User(s) (or the servants, agents, or invitees of the User(s)), and for such further sums in excess of those contained in any insurance policy procured by User(s) relating to the use of the School premises for such amounts as may not be payable under any such insurance policy.

***REQUIRED**

*Conditions accepted on behalf of Users by: _____
Signature of Authorized Representative Required

*Printed Name: _____ Date: _____
Authorized Representative

*Organization Address _____

*Contact Person: _____ *Telephone: _____
Printed Name if different than above named person. Contact Work Number

*Contact Email: _____ *Telephone: _____
Contact Home or Cell Phone Number

OFFICE USE ONLY

☐ **Current Certificate of Insurance attached (Expiration Date: _____)**

Auditorium Director working this event _____
Name or N/A

School Administrator _____ **Date:** _____
Signature

APPROVED by District

 Associate Superintendent **Date:** _____