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| **CMU OFF-CAMPUS FACILITY USE AGREEMENT** **for CMU or Alumni Events** |
| This is an agreement between Central Michigan University and the Requestor identified below *(hereinafter referred to as the facility “User”)* for the use of an off-campus facility.  |
| **Facility Information:** *(facility availability is subject to Landlord approval if applicable)* |
| *Select an Off-Campus Location* | Date of Request: | *Date* |
| **CMU or Alumni Event Requestor Information:** |
| Contact Name: | *Name* | Start Date/Time: | *Date* / *Time* |
| CMU Department: | *Department* | End Date/Time: | *Date* / *Time* |
| Phone #: | *Phone #* | Total Hours: | *#* |
| E-mail: | *E-mail* | # of Participants: | *#* |
| Purpose of Event: | *Describe* |
| Payment Terms *( Off-Campus Facility Business hours are Mon – Fri 8:00 am – 5:00 pm)* |
|[ ]  Cleaning Fee *(determined by CMU)* | $50.00 |  |
| *# non-business hrs* | CMU Staff (Non-Business Hours) | $25.00 per hour/per employee |  |
| **If fee adjustments are necessary, User will be notified within 10 days following event. Total Fees due within 30 days of event.** | **Total Fees:** |  |
| **Requestor’s Terms of Agreement -** The User agrees to abide by the following terms and conditions: |
| 1. **Audio/Visual and Other Equipment and/or Facility** – The User agrees that if the audio/visual and/or other equipment located in the classroom is used, that it assumes responsibility for payment of repairs and/or replacement caused by misuse or damage to the equipment and/or facility.
2. **Insurance/Indemnity Requirements** – The User attests that they are currently covered under Central Michigan University’s certificate of insurance which provides liability protection only for its employees, officers, and agents when operating within the scope of their employment or agency.

The User also agrees to reimburse the Facility Owner for any damages or costs, including clean-up, incurred to the Facility Owner arising out of the use of the Facility.1. **Master Lease and Compliance** – The User acknowledges that this agreement is subordinate to a master lease wherein CMU, or its predecessor, is the lessee, and given this relationship, the User agrees to be respectful of the property, and further, to obey the laws of the State where the facility is located, all local and federal laws, and the general policies, regulations, and guidelines of Central Michigan University.
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| **Requestor’s Signature:** |  | Please forward completed form to the facility assistant director | Click here to enter a date. |
| **To be Completed by CMU Staff** |
| **Off-Campus Facility Approval-Please forward completed form to Licensure & Regulatory Services at** **globallicensure@cmich.edu** |
| The signatures below confirm that the facility and/or staff are available for the requested time period. |
| Assistant Director’s Signature: |  | Date: | *Date* |
| Manager’s Signature: |  | Date: | *Date* |
| **CMU Approval** |
| Reviewer’s Initials: |  | Date Reviewed: | *Date* |
| Authorized Signature: |  | Date Authorized: | *Date* |
| Comments: | *Enter Comments* |