

FACILITIES USAGE APPLICATION

Organization: Name: _____

Organization: Address: _____ City: _____ State: _____ Zip: _____

Organization: Phone #: _____ FAX #: _____ Email: _____

Facility Use/Person Responsible: Name & Title: _____

Facility Use/Person Responsible: Date of Birth: _____ Cell #: _____

Facility Use: Purpose: _____

Facility Use: Project, Program or Activity Name: _____

Facility Use: Rental Event Co-Sponsored with _____ Other: _____

Date(s) of Event: _____ **Estimate Attendance:** _____ **Open to the public?** Y / N **Attended by Minors?** Y / N

Entire time being requested (including set up/take down/rehearsals, etc.) _____

Actual event start time: _____ **Actual event end time:** _____ **Room(s) requested:** _____

A/V Equipment needs: _____

Special Instructions for this event, please be specific: _____

In my individual capacity and as the authorized agent of the organization or group identified above, I _____, hereby agree to assume full responsibility for any and all damages, loss or injuries to Property, Employees or Students of the College of Lake County, to the extent arising from the project, program or activity identified above. In my individual capacity and as the authorized agent of the organization or group identified above, I hereby waive and release the College of Lake County District 532, its Board of Trustees, individual Board Members, Officers, Employees, Administrators, Students, Representatives, Agents, and Volunteers, from any all claims, demands, causes of action, losses, liabilities and damages, including but not limited to reasonable attorneys' fees and court costs, that I and/or the group or organization and/or its members, if applicable, have or may later have to the extent arising from the project, program or activity identified above, and to the extent arising from the use of the facilities identified above.

In my individual capacity and as the authorized agent of the organization or group identified above, if any, I and the organization or group identified above agree to indemnify, defend and hold harmless the College of Lake County District 532, its Board of Trustees, individual Board Members, Officers, Administrators, Employees, Students, Representatives, Agents, and Volunteers, and each of them, from and against any and all claims, demands, causes of action, losses, liabilities, penalties, and damages, including but not limited to reasonable attorneys' fees and court costs, to the extent arising from my / our use of the facilities identified above and to the extent arising from the project, program or activity identified above.

I _____, hereby agree and understand that my use of these facilities is subject to immediate cancellation for any reason or no reason in the sole discretion of the College of Lake County District 532 and that the College may at any time require me or the above-identified organization or group to comply with the insurance requirements specified below and provide proof of such insurance.

I have read this facilities use agreement, and I understand and agree to all terms and conditions reflected above. I further understand and agree that I have relinquished substantial rights, and have signed this agreement freely and voluntarily without any inducement. I am executing this Facilities Use Agreement in my individual capacity and as the authorized agent of the organization or group identified above, if applicable.

Individual or Participant Signature

Date Signed

College of Lake County Authorized Signature

Date Signed

Send all applications to: Central Scheduling: events@clcillinois.edu

RESERVATION REQUIREMENTS

Reservations and Fee Payment

The signed rental application must be returned with a deposit of at least 50% of the total charge to secure the reservation. Additional payment(s) may be specified in the rental agreement with full payment due no later than 30 days prior to event.

Cancellations

Cancellation of reservation or event will be subject to the terms and conditions of the rental agreement. If event is cancelled between 31-90 days before the event, 75% of deposit will be returned. Deposits will be forfeited in cases of cancellation less than 30 days in advance of first day of the event. If an event needs to be cancelled due to college needs, the entire deposit will be returned.

All applications approved are subject to immediate cancellation for reasons necessary and proper for College purposes, for violations of an agreement or this Policy, and for action or activities that are deemed by the College, at its discretion, actually or potentially detrimental, destructive, or dangerous to personnel or property.

Discounts

Non-profit organizations that provide 501c3 documentation, receive a 20% discount off regular facility rental rates. Personnel and equipment rates are not subject to this discount.

Additional Fees

- ✓ Mandatory \$100 damage deposit required for each rental event, refundable after 30 days of the event as long as no damages are assessed. (Excludes Athletic Facility Rentals)
- ✓ Mandatory \$50 per day custodial fee assessed for each event held at the College of Lake County.
- ✓ Additional staffing may be needed for monitoring certain events as well as extra setup and/or cleanup. The charges associated with these staff members will be charged accordingly.
- ✓ Outside field preparation (lining, dragging, etc.) to be done by the rental group, otherwise there will be an hourly charge for CLC staff to complete it. Concession stand and external catering arrangements can be made subject to approval by CLC.
- ✓ Although custodial fees are included in the rental cost, respectful treatment of the facility(s) is still expected. Excessive facility trashing (i.e. uneaten food wrappers lying open on counters and/or spilled drinks in dressing rooms, green room, gym(s) or lobby, trash scattered on floors or tables instead of in trash cans, overflowing toilets due to paper towel disposal, etc.) is prohibited and will result in additional fees. Repeated violations may result in the denial of future rentals.

MANDATORY AED Requirements For Outdoor Use

The user/renter acknowledges that it is aware of each of the terms of the Physical Fitness Medical Emergency Preparedness Act, 210 ILCS 74/1 et seq., as amended, and it agrees to comply with each of the terms therein.

The user/renter shall provide and possess a functioning Automatic External Defibrillator (AED) and retain at least one staff member on the field at any time where there is at least one player/club member present. In accordance with the Act, those staff members on site must be CPR/AED certified in the manner provided in the Act, which shall include successful completion of a course of instruction in accordance with the standards of a nationally recognized organization such as the Red Cross or the A.H.A., or completion of a course in accordance with the AED Code (77 Ill. Adm. Code 525). **Proof of CPR/AED certification for the user/renter staff member(s) must be provided to CLC prior to the start of the usage.** The user/renter must also have access to emergency and/or police services (e.g. cell phone) at all times.

The user/renter agrees that it will not permit usage to take place at CLC facilities in the absence of an AED and a trained CPR/AED user as provided within the Fitness Facility Medical Emergency Preparedness Act. Failure to comply with this declaration shall be deemed a material breach of this agreement, which shall entitle CLC, at its sole discretion, to unilaterally terminate it without penalty.

Concession Sales

All concession sales items may be sold at any event open to the public at the discretion of the College.

Catering Your Event

Catering services, tablecloths, table skirts, etc. may be secured through the college at an additional cost. Contact the Central Scheduling office for more information regarding college catering. Click here to [Review the Catering Menu and Forms](#).

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Illinois Firearm Concealed Carry Act Summation

Illinois Firearm Concealed Carry Act 430 ILCS 66/1 et seq. <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3497&ChapterID=39>

SMOKING is strictly PROHIBITED on the CLC Campus

---- CLC is Committed ----

CLC is committed to maintaining an environment free from harassment and discrimination for everyone and does not discriminate on the basis of race, sex, national origin, religion, sexual orientation, gender identity or expression, or any other protected status. Responsibility for coordination of compliance efforts and receipt of inquiries has been delegated to the Dean of Student Life, 19351 W. Washington Street, Grayslake, IL 60030, (847) 543-2288.

CLC has a police department and officers are onsite at all locations. Any safety concerns while on campus should be reported to them by calling 847-543-2081 or ext. 2081 from any CLC campus phone. In case of an emergency, dial 9-1-1 from any campus or public phone, or dial 5555 from any campus phone.

Insurance Requirements for Use of Premises

The user agrees (at their expense) to purchase and maintain at all times insurance coverage of the following types and amounts shown below. Coverage will be placed with insurance companies to which the College has no reasonable objection and that have an A.M. Best Financial rating of not less than (A XII).

Policies shall include the College of Lake County District 532, its Board of Trustees, Employees, Representatives, and Agents as additional insured(s) on a primary and non-contributory basis to any coverage carried by the College, except Workers Compensation.

- ✓ Commercial General Liability: \$1,000,000/\$2,000,000
- ✓ Auto Liability: \$1,000,000 CSL
- ✓ Umbrella Liability: \$1,000,000
- ✓ Workers Compensation: \$500,000/\$500,000/\$500,000

Certificate of Insurance

(MUST BE RECEIVED AND APPROVED AT LEAST 30 DAYS PRIOR TO OCCUPYING THE PREMISES). The user shall provide the College of Lake County a current certificate of insurance as evidence of the types and amounts of coverage required by this agreement. The certificate MUST include the primary and non-contributory endorsement (See *Sample on the next page*). The certificate shall also state that coverage shall not be cancelled or altered without **30-day written notice** to the College of Lake County.

Waiver of Right of Recovery

The user waives all rights of recovery from **the College of Lake County District 532, its Board of Trustees, Employees, Representatives, and Agents** for any and all claims of every type and description including damage or destruction of property of the user while on the premises of the College of Lake County and in connection with the performance of this agreement (See *Sample on the next page*).

Indemnification

The user hereby agrees to indemnify and hold harmless **the College of Lake County District 532, its Board of Trustees, Employees, Representatives, and Agents** against any and all claims, suits, demands, and actions including attorney's fees arising out of or in connection with the performance of this agreement.-

See **Sample** on the next page

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insert: Insurance Company Name	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED Insert: Rental Group Name	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below.			X			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

SAMPLE

Re: Use of premises of the College of Lake County. College of Lake County, District 532, its Board of Trustees, Employees, Representatives and Agents are included as additional insured on a Primary and Non-Contributory Basis as required by written contract or agreement. Coverage shall not be cancelled or altered without (30) day written notice to the College of Lake County.

CERTIFICATE HOLDER	CANCELLATION
College of Lake County District 532 Tracey Campbell 19351 West Washington Street Grayslake, IL 60030	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____

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ACORD 25 (2010/05)

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