

**FACILITY RENTAL AGREEMENT**

Address and phone number of Party making request:

---

---

This Lease is entered into by and between, Okanogan School District (hereinafter “Lessor”), and \_\_\_\_\_, (hereinafter “Lessee”) regarding the Facility described as \_\_\_\_\_ . The phrase “Facility” as used hereinafter shall include the building space above-described unless otherwise specifically provided.

1. **Purpose.** The Facility shall be used by Lessee for:  
\_\_\_\_\_  
\_\_\_\_\_
  
2. **Term of Agreement.** The Agreement term shall commence on \_\_\_\_\_ at \_\_\_\_\_ (am/pm), and shall terminate on \_\_\_\_\_ at \_\_\_\_\_ (am/pm).
  
3. **Rent.** As rent, Lessee shall pay \_\_\_\_\_, per term above described, payable on or before \_\_\_\_\_.
  
4. **Return of the Property.** At the time of termination of this Agreement.
  
5. **Insurance.** Lessee shall procure and maintain in force, without cost or expense to Lessor, on or before the commencement date of this Agreement and throughout the Agreement term or as long as Lessee remains in possession of the Facility, a broad form comprehensive general liability policy of insurance covering bodily injury and property damage, with respect to the use and occupancy of the Facility with liability limits or not less than \$1,000,000, per occurrence. Lessor shall be named as additional insured on all such policies, which policies shall in addition provide that they may not be canceled or modified for any reason without fifteen (15) days prior written notice to Lessor. Lessee shall provide Lessor with a certificate or certificates of such insurance within ten (10) days of the execution of this Agreement. The Superintendent, with recommendation from the building principal, may waive insurance.

(Please turn page over)

**Agreement to Indemnify.** Lessee shall indemnify the Lessor from and against any and all claims, demands, causes of action, suits or judgments including but not limited to, any claims of insurance carriers, the Department of Labor and Industries, the Department of Social and Health Services, and any federal agency, health care provider or governmental taxation agency, (including costs and expenses incurred in connection therewith), for deaths or injuries to persons or for loss of or damage to property arising out of or in connection with the use and occupancy of the Facility by Lessee, its agents, servants, employees or invitees whether or not caused by Lessor's negligence: Specifically, this contract if indemnity should be construed to mean the Lessee will indemnify the Lessor against losses resulting from the Lessor's negligence as well as losses resulting from the negligence of the Lessee. In the event of any claims made or suits filed, Lessor shall give Lessee prompt written notice thereof and Lessee shall have the right to defend or settle the same to the extent of its interest hereunder.

6. **Assignment.** Lessee shall not assign, convey or transfer this Agreement or any interest herein, without consent of Lessor.

7. **Application Date.** \_\_\_\_\_

8. \_\_\_\_\_  
**Signature of Party Requesting Facility Use**

9. **Application.** \_\_\_\_\_ **Accepted** \_\_\_\_\_ **Denied**

10. \_\_\_\_\_  
**District Building Administrator**

11. \_\_\_\_\_  
**Dr. Richard Johnson, Superintendent (signature needed if insurance is waived)**

**BUILDING(S) DESIRED:**

**VG** \_\_\_\_\_ **MS/HS** \_\_\_\_\_

**ROOM(S) DESIRED:**

**KITCHEN** \_\_\_\_\_ **CAFETERIA** \_\_\_\_\_ **COMMONS** \_\_\_\_\_

**GYM (Please Specify)** \_\_\_\_\_ **LIBRARY** \_\_\_\_\_

**HOME EC ROOM** \_\_\_\_\_ **CLASSROOM** \_\_\_\_\_

**FIELD (Please Specify)** \_\_\_\_\_ **COMPUTER LAB** \_\_\_\_\_