

ROOM USE AGREEMENT
INDIVIDUAL USE
CORNELL COOPERATIVE EXTENSION MADISON COUNTY
100 EATON ST.
MORRISVILLE, NY 13408
OFFICE: (315) 684-3001 x 102 OR EMAIL: MADISON@CORNELL.EDU

Submit reservations to CCE Madison Office Coordinator via email or phone call. **All reservations must include Signed Agreement, Certificate of Insurance, and Fee for Room Use, and separate payment for \$75.00 security deposit.** A \$75.00 security deposit is required upon reservation (this will be refunded after use if no additional cleaning/repairs are required). Full payment due prior to the event. All forms must have the same applicant name. Applications are required to be submitted 2 weeks before your time of event to allow for our insurance review and approval process. Shorter time frames will be considered but are not guaranteed.

General Information

Any accidents resulting in injury to any person, please call **911**. Damage to any of the rooms within the CCE Madison property must be reported immediately to the Facilities Coordinator at 315-228-8129 or Executive Director at 315-416-1639.

Please note the security deposit will be held until after the event. If there is any damage or there are security problems with the area after use the security deposit will be not returned.

After event, please remove any garbage with food waste or anything with food residue and place into the blue HR Refuse dumpsters located to far left of the building.

If the parking lot is being used, please be respectful of the road traffic to not block views for traffic safety.

Rules & Building Use Guidance

- Smoking is **STRICTLY** prohibited in all CCE Madison Buildings and within 25 feet of the building.
- Any use of alcohol is **STRICTLY** prohibited in all CCE Madison Buildings.
- Applicants must supply their own plates, cups, table covers, napkins and silverware.
- No decorations or other materials of any kind may be nailed, tacked, screwed, or pinned to any surface within the facility.

CCE Madison County Room Use Agreement

Today's Date: _____

Name of Person Requesting Room Use: _____

Person Responsible for Room Use: _____

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

Day phone: _____ Cell: _____ Evening: _____

Name of Event being held: _____

Description of Event being held: _____

Day(s) and Date(s) of Event: _____

Start Time (including setup): _____ End Time (including cleanup): _____

Number of people expected: _____

***Rates for Basic Room Rental include setup of table and chairs and sanitizing, as well as post-event tear down.**

<u>Ag Center- Capacity 100</u>		<u>Comments</u>	<u>Add-ons</u>
<u>Deposit for all spaces (Ag Center, Conf. rooms)</u>	<u>\$75.00</u>		
<u>Full Day >4 hours</u>	<u>\$160.00</u>		
<u>Half Day < 4 hours</u>	<u>\$80.00</u>		
<u>Downstairs Conference Room-Capacity 15-20</u>			
<u>Large Conference Room-Capacity 15-20</u>	<u>\$50.00</u>		
<u>Small Conference Room-Capacity 5-8</u>	<u>\$25.00</u>		
<u>Parking lot/outdoor space</u>	<u>\$20.00</u>		
<u>Barn Usage</u>			
<u>With Ag Center</u>	<u>\$25.00</u>		
<u>Without</u>	<u>\$50.00</u>		
<u>Total</u>			

Add on options:

- Use of AV equipment = \$25 (computer, internet, and PowerPoint projector and Meeting Owl)
- Coffee and Water Service = \$2 per person (Keurig and/or drip coffee machine provided with cream and sugar, bottled water and/or water cooler)
- Use of Kitchen facilities to prepare food = \$50 plus Dept. of Health permit if open to the public.

CCE Building use must end by 9 p.m. each evening unless being used for an approved CCE function.
 *A \$75.00 security deposit is required upon reservation (this will be refunded after use if no additional cleaning/repairs are required). Full payment due prior to the event.

USE OF CCE FACILITIES BY OUTSIDE GROUPS

Cornell Cooperative Extension Association of Madison COUNTY (EXTENSION) gives permission to

_____ (LICENSEE/LICENSEE) for the
 use of the following described facilities:

_____ on the dates of:

_____ subject to the following terms and conditions:

1. LICENSEE shall indemnify and hold harmless EXTENSION, their employees, volunteers, agents, Directors and officers and Cornell University from and against any and all actual or alleged claims, suits or demands of any kind and nature whatsoever that result from injury or illness to any person or persons, including death, or damage to property arising out of any act or omission of the LICENSEE, its employees, volunteers, participants or agents and arising out of its use and occupancy of the premises indicated above. LICENSEE shall be fully responsible for supervision and care of minors. LICENSEE is solely responsible for examining the facilities for suitability for all activities contemplated herein and accepts the facilities "as is".
2. The LICENSEE shall provide an original Certificate of Insurance to EXTENSION at least ten (10) business days prior to the first date of facility usage or event showing evidence of the following minimum limits of insurance or as required by law, whichever is greater. **Said certificate shall name Cornell Cooperative Extension of Madison County, its Directors, officers, employees, volunteers and agents, as Certificate Holder and Additional Insured** with not less than 15 days' notice of cancellation. Copies of the certificates must be sent with this executed Agreement and no later than (10) days prior to the use of the Facility. All insurance must be written in a New York State licensed insurance company with a Best's rating of A- or better. Certificate must be an original signed by an authorized representative of the insurance company and indicate the event/reason for facilities usage on the Certificate. Certificate must be approved by our insurer, or its representative P. W. Wood & Son, Inc. Insurance required of the LICENSEE shall be primary and non-contributory in all respects to any insurance carried by EXTENSION and shall not look to EXTENSION insurance for any contribution toward claims arising out of the use of the Facilities by the LICENSEE.

_____ **Initial here** to indicate that you have homeowners, renters, or general liability insurance and can provide proof of insurance if requested.

_____ **Initial here** if you do not have proof of insurance.

- a. Comprehensive General Liability including contractual, with a minimum combined single limit per occurrence of **\$1,000,000**. The Certificate must indicate that the liability insurance provided is primary for this event/purpose. **NO EXCEPTIONS. If the organization is going to be conducting any overnight activities involving youths during its use of the Facility, the CGL**

insurance must also include coverage for SEXUAL ABUSE. NO EXCEPTIONS. The SEXUAL ABUSE COVERAGE MUST SHOW ON THE CERTIFICATE.

- b. If the LICENSEE is incorporated, a business, or has employees, the Certificate of Insurance must include proof of Worker's Compensation
 - c. If any other outside vendor is being used for the event, Certificates of Insurance for General Liability and Worker's Compensation (as in a & b) must also be provided to Extension
 - d. Automobile Liability for All Owned, Non-Owned & Hired Autos - \$1,000,000 Combined Single Limit.
 - e. Use of alcoholic beverages on the property is prohibited
 - f. If the activity involves horses, the Certificate of Insurance must also indicate that there is no exclusion for injury to participants.
 - g. Use of Kitchen facilities to prepare food = \$50 plus Dept. of Health permit if open to the public. Permit secured by your organization.
 - h. Parking is permitted in the designated areas ONLY.
3. No smoking or vaping in or within 20 feet around the CCEMC building.
4. No use of the Facilities by the LICENSEE until all terms and conditions are met including insurance and authorized signature of CCE representative. LICENSEE reserves the right to eject anyone acting in an unsafe manor or cancel the entire usage for noncompliance with any rules or regulations.

I/we (LICENSEE) consent to the terms/rules/conditions of said Use of Facilities Agreement as set forth by Cornell Cooperative Extension (EXTENSION). Failure to adhere to said rules/regulations/conditions as outlined in this Use of Facilities Agreement, and/or other correspondence/forms relating to said usage, will result in loss of facilities use privileges without regard to compensation.

Date: _____

Organization

By: _____

Authorized Signature

Print Name

This form must be returned with your original signature prior to facilities usage to:

**Cornell Cooperative Extension
Madison County
100 Eaton St.
Morrisville, NY 13408**

Received by Cornell Cooperative Extension of: Madison County

Date

Received by

ACCEPTED BY CORNELL COOPERATIVE EXTENSION OF MADISON COUNTY

By: _____

(Please keep this form to fill out after your event is complete)

End of event check list.

Please review and check mark that all the areas have been cared for. Please sign the bottom of the sheet and leave on kitchen counter for the Operations Manager to receive.

- All decorations interior and exterior have removed without any damages to the building.
- All trash containing any food or food residue has been removed and placed into the dumpsters (dumpsters are located to the far left of the building blue HR Refuse dumpsters)
- All lights are off
- Any computer equipment is off and have been returned to the wooden podium.
- Tables have been wiped down
- Door have been locked and closed
- Key has been returned to the key lock box

I reviewed and can clearly verify I have completed all the task listed above.
