In consideration of the use of certain Belen Jesuit Preparatory School (Licensor) facilities for fees as agreed and specified elsewhere, the Licensee agrees to the following conditions:

1. Licensee will provide its own supervision of all participants and/or activities without assistance or involvement on the part of the Licensor.

2. After use, the Licensee will leave all facilities and equipment in a clean and orderly condition. Failure to do so will result in a $60/hour/person clean-up fee.

3. Licensee warrants and will produce evidence in the form of a Certificate of Insurance that its insurance coverage provides that the Licensor is specifically “added as an additional insured” under Licensee’s policy for Comprehensive General Liability coverage for bodily injury, including death of $1,000,000 per occurrence, with an aggregate of $2 million, plus $1,000,000 in Property damage per occurrence. This coverage shall be considered primary insurance and any other coverage available to the Licensor shall be excess. The insurance required is in addition to and separate from other obligations contained in the agreement.

4. Licensee agrees to save harmless, indemnify and defend the Licensor from any and all liability including liability arising out of negligence, for bodily injury, including death to any person or for any damage to property, resulting from, or arising out of, the Licensee’s use of the demised premises.

5. Licensee hereby certifies that the person signing below is duly authorized to enter into this agreement on Licensee’s behalf.

6. To secure the foregoing reservation/arrangements, Licensee submits herewith an advance deposit, forfeitable in the event of non-use of the premises.

   Deposit Amount: $ ________________   Balance Due: $ ________________

ACCEPTED ________________________________ Date _____________

Signature of Licensee/Organization

For Belen Jesuit: ________________________________ Date _____________

Signature and Title
USE OF PREMISE

Name of Event: ____________________________________________________________

Date and Times of Event: ________________________________________________

Name of Organization Sponsoring the Event: ________________________________

Authorized Representative of the Organization: ____________________________

Address: ________________________________________________________________

City: ______________________ State: ___________ Zip Code: ________________

Telephone: _____________________________________________________________

Facilities Requested (Please Check all that Applies)

- Cafeteria* ______ Roca Theater ______
- Chapel ______ Swimming Pool** ______
- Classrooms ______ Track and/or Field ______
- Gymnasium ______ Weight Room*** ______
- Library ______ Other:________________________

*Menu requirements must be arranged with Cafeteria Manager.
**On-site supervision by a qualified lifeguard required at all times.
*** On-site supervision by a qualified professional required at all times.

Name of Belen Jesuit Representative Booking the Event: ______________________

FOR OFFICE USE ONLY

____ Certificate of Insurance Received
____ Deposit Received
____ Master Calendar
____ Maintenance Notified

Administrative Approval:

_________________________________________ Date: ______________________

Signature of Authorized Belen Administrator