**FACILITY USE AGREEMENT**

This Agreement will serve as a confirmation for use of *Brevard Alzheimer’s Foundation, Inc*. 4676 N Wickham Rd, Melbourne, FL 32935 after normal business hours, By:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A donation would be greatly appreciated.

Donation amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual donation \_\_\_\_ Semi-Annual donation \_\_\_\_

**INDEMNIFICATION**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall indemnify and hold harmless *Brevard Alzheimer’s Foundation Inc*., its officials, employees and volunteers, from and against all claims, damages, losses and expenses, including but not limited to attorney’s fees, arising out of or resulting from the use of the building/premises, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of property caused by the tortuous act or negligent act or omission of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, its employees, agents, volunteers or subcontractors.

**INSURANCE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ must furnish a Certificate of Insurance naming *Brevard Alzheimer’s Foundation Inc.* as an Additional Insured on a General Liability Insurance Policy. The insurance policy shall provide a limit of liability equal to or more than $2,000,000 per occurrence. The insurance must be from a duly licensed insurance company authorized to do business in the State of Florida.

**TERMS AND CONDITIONS**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be financially responsible for any and all damages to the building/contents/premises that results from its use of the facility, including property damage, structural damage, and personal injury by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, its employees, agents, volunteers, guests or subcontractors which occur in the course of use of the building/premises during the rental period.

This is a **SMOKE FREE BUILDING/PREMISES**. Smoking within the building is strictly prohibited.

The undersigned have carefully read, understand and agree to the terms of this Agreement, and further agrees that no oral representations, statements or inducements have been made.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual or Authorized Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of *Brevard Alzheimer’s Foundation Inc.* Date