MISSISSIPPI STATE UNIVERSITY Forest and Wildlife Research Center Mississippi Agricultural and Forestry Experiment Station

FACILITY USE AGREEMENT (For All Facilities)

The representative of the user executing this agreement, on behalf of himself/herself personally, and on behalf of the user group, and on behalf of each individual user of the user group, hereby further agrees, promises, the University that the users, both as individuals, and as a group, shall be liable for any and all damages suffered by the University to the property, normal wear and tear excepted, and that the costs to repair such damages or to replace damaged property shall be paid to the University within 30 days of the date of a University demand for payment. Failure of the users to make the said payment to the University within the 30 days shall entitle the University to the costs of collecting the payment, including, but not limited to, interest at the maximum rate of legal interest from the date of demand until paid and further entitles the University to reimbursement of attorney's fees and any other costs of attempting to collect payment.

| DAFVM Sponsoring Organization: | | |
|--|-----------------|-----------|
| User Group/Event: | | |
| How Event supports the DAFVM mission: | | |
| | | |
| Responsible Party (Print Name): | | |
| (Responsible Party must attend event in its entirety.) | | |
| Mailing Address: | | |
| Telephone Number: Cell Number: | Email Address: | |
| Contact Information for Music/Entertainment Groups: | | |
| Name of Group: | _ Phone Number: | |
| Contact Information for Caterer: | | |
| Name of Caterer: | Phone Number: | |
| Number of Attendees | | |
| Event <u>Dav(s)</u> & <u>Date(s)</u> Requested: | (day), | ,20(date) |
| Facility Requested: | | |
| | | |

As the representative of the user group, signature(s) below signify that the *MAFES/FWRC Facilities Use Standard Operating Procedures*, the *User Agreement* and the *Guidelines for Facility Use* have been read. Further, signature(s) below indicate that the party is willing to abide by these documents. If a Student Group, approved MSU Student Organization Event Form must be attached.

By Signing this Agreement, the undersigned agrees to provide a copy of the Guidelines for Facility Use to caterers and entertainment group.

By checking this box, I accept all responsibility for the safety, security, and care of any and all individuals, including minors, utilizing the space rented. I understand that neither Mississippi State University nor its employees have any responsibility to monitor the individuals throughout the event which I am hosting and I hereby discharge MSU and its employees of any potential liability.

| Signature: | | Date: | |
|--------------------------|-------------------------------|-------|----------|
| Approved: | | | |
| Facility Coordinator: | | Date: | |
| Director, MAFES/FWRC: | | Date: | |
| | | | |
| | | | |
| | For Office UseFor Office Use | | |
| | | | |
| Key # Issued: | Date key returned: | | <u> </u> |
| Remote Control # Issued: | Date remote control returned: | | |

MISSISSIPPI STATE UNIVERSITY Mississippi Agricultural & Forestry Experiment Station A.B. McKay Enology Laboratory <u>Guidelines for Facility Use</u>

The A.B McKay (Enology Lab) large dining area will seat approximately 35-40 (40 is the capacity). Round tables are available for set up with 5-8 chairs at each table depending on the number of guests. There is a kitchen available for use by caterer.

The small dining area will seat approximately 10 guests at one large table.

The building should be left clean of all material used at the event. All garbage should be removed from the building and placed in the garbage receptacle at the rear of the building. The dishwasher must be unloaded.

User must ensure that the facility is locked upon departure.

Additional guidelines are included in the attached MAFES/FWRC Facilities Use Standard Operating Procedures.

If you have any questions please contact Facility Coordinator (662-325-0866). Office hours are 8:00 a.m. until 4:30 p.m., Monday through Friday. In the event of an after-hours emergency, call the facility coordinator.

_ Responsible Party Initial