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	y.)	
Mailing Address:		
Telephone Number: Cell Number	er:Email Address:	
Contact Information for Music/Entertainment Grou	ups:	
Name of Group:	Phone Number:	
Contact Information for Caterer:		
Name of Caterer:	Phone Number:	
Number of Attendees		
Event <u>Day(s)</u> & <u>Date(s)</u> Requested:		,20(date)
Facility Requested:		

Operating Procedures, the User Ag	er group, signature(s) below signify that the reement and the Guidelines for Facility Use ling to abide by these documents. If a Studentached.	have been read. Further, signature(s)
By Signing this Agreement, the and entertainment group.	undersigned agrees to provide a copy of the	e Guidelines for Facility Use to caterers
minors, utilizing the space rented.	Ill responsibility for the safety, security, and understand that neither Mississippi State I duals throughout the event which I am host.	University nor its employees have any
Signature:	· · · · · · · · · · · · · · · · · · ·	Date:
Approved:		
Facility Coordinator:		Date:
Director, MAFES/FWRC:		Date:
	For Office Use	
Key # Issued:	Date key returned:	
Remote Control # Issued:	Date remote control returned:	