

**LEXINGTON ISD  
FACILITY USE AGREEMENT**

(Updated 7/18/2012)

The Lexington I.S.D. (hereinafter referred to as the District), agrees to allow

\_\_\_\_\_ (List Individual, Group, or Organization Name Above), (hereinafter referred to as Lessee), use the:

\_\_\_\_\_ (Name of facility)

\_\_\_\_\_ (Location of facility)

For the purpose of:

From Date: \_\_\_\_\_

To Date: \_\_\_\_\_

Beginning Time: \_\_\_\_\_

Ending Time: \_\_\_\_\_

Notes/Exceptions: \_\_\_\_\_

Will Kitchen Equipment Be Used? Y N

\*Will Custodial Staff Be Required? Y N

Subject to the following conditions:

1. Lessee agrees to pay a rental fee of \$\*\* \_\_\_\_\_ and a deposit in the amount of \$\*\* \_\_\_\_\_, as specified on the Facility Rental Payment Schedule (attached). The deposit is refundable if premises are left in a condition satisfactory to the Superintendent or designee. Payment of rental fee and deposit shall be made to the Lexington I.S.D., when the agreement is signed and at least 3 days in advance of the actual use of the facility.

Exceptions: \_\_\_\_\_

2. Lessee shall also pay a charge of \$\* \_\_\_\_\_ for school personnel needed in connection with use of the facility.

3. Lessee shall use the facility only for the purposes consistent with law and as follows:

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

4. Moving furniture in facility will be allowed only if approved by the Superintendent and that Lessee shall be responsible for restoring furniture and facility to its original state after each use. Facility must be cleaned by lessee immediately following use. Specifically, tables must be clean, floor must be properly swept & mopped and furniture placed as it was upon entry of the facility. Lessee is expected to pick up trash, remove trash bags and deposit them in the dumpsters behind the Elementary Cafeteria. New liners should be placed in trash cans. Any facility left unclean or in a state that disrupts the Districts normal daily use of said facility may result in an additional charge to lessee. ***(If you are reserving the LES or LHS Cafeteria – Time of access to these facilities and any table re-arrangement plans must be made with our Custodial Director, Duree Wilkinson 2 days in advance of your scheduled event. Please contact her at 979-540-9005).***
5. Lessee's use of facility does not create instructional conflicts, damages or threatens to damage school property, or violates Board policy and or administrative regulations.
6. Lessee shall not allow the possession or use of alcohol, firearms, illegal drugs, or the use of tobacco products on District property.
7. Lessee accepts full responsibility for protecting school property and equipment and assumes any and all liability for repairs or replacement or for any damage done to buildings, equipment, or other school property as a result of the use of said facility by the Lessee.
8. Lessee also assumes full responsibility for the conduct of any and all persons using the facility during the rental period.
9. Lessee agrees to assume all liability and hold harmless and indemnify the District, its Trustees, employees, and agents from any and all liability arising out of the Lessee's use of District facilities.
10. If required by the District, the Lessee shall furnish evidence of liability insurance coverage for the event and shall name the District as an additional insured on the policy as specified by the District.
11. Lessee understands and agrees that district activities/events will always supersede rental agreement. District staff will make every effort to notify lessee of any conflicts.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
 Printed Name of Lessee or Designee

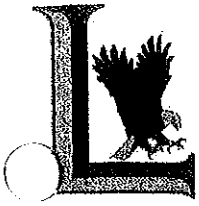
\_\_\_\_\_  
 Signature of Lessee or Designee

\_\_\_\_\_  
 Contact Email Address

\_\_\_\_\_  
 Contact Phone Number

\_\_\_\_\_  
 District Staff

\_\_\_\_\_  
 Superintendent's Signature of Approval



# Lexington Independent School District

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Lexington, Texas 78947  
(979) 773 - 2254  
FAX (979) 773 - 4455  
www.lexingtonisd.net

## Best Key Issuance Agreement (Lessee)

Tag & Key Number(s) issued:

	Tag #	Key #	Notes
1			
2			
3			
4			
5			
6			

To: \_\_\_\_\_ (individual or organization),

For (specify facility): \_\_\_\_\_

I agree to return each and every key listed above to Lexington ISD by the return date specified below. I understand that if any or all of the Best key(s) indicated above are not returned to Lexington ISD within 5 working days of the Return Date specified, I will be responsible for a \$50 charge per key for replacement costs.

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Return Date

\_\_\_\_\_  
Lessee or Designee Name (printed)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Lessee or Designee Signature

\_\_\_\_\_  
Email Address

*Staff Member Accepting Returned Keys:*

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date