CLEBURNE INDEPENDENT SCHOOL DISTRICT FACILITIES RENTAL CONTRACT

| This Cleburne Independent School District ("District") Lease Agreement (hereinafter "Lease" or |
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| "Lease Agreement") is executed this the grad day of November, 2015 by and between the |
| District (hereinafter "Lessor") and Johnson County (hereinafter "Lessee") pursuant to District Board policies GKD(LEGAL), GKD(LOCAL) and the terms and conditions |
| contained herein. |
| District Facility to be rented: CHS Cafeferia |
| Address: 1501 Harlin Dr., Cleburne TX |
| Purpose: Christmas Party |
| Date(s) to be used: |
| Time: 6 pm - 9cm Approximate # of Participants: 400 |
| Practice Time(s): Set-up Time: 200 |
| ESTIMATED COSTS: |
| Facility: \$100.00 first 3 hours and \$25.00 per hour thereafter |
| Custodian: \$30.00 per hour per custodian |
| Cafeteria: \$ |
| Sound/Lights: \$ per hour |
| Total Estimate: \$750.00 |
| Deposit Required: \$ |
| |
| School Sponsoring Authorization: |
| Name of Organization: |
| Party Responsible for Rental of Facilities: Kandy Gillespie Personne Dir |
| Address: 2 Maio St. Ron 215, Cleburne TX 76033 |
| Phone: 8/7 556-6350 Fx 8/7 556-6899 |
| E-Mail Address: randy g @ jahnson county tx . org |
| Verification of Insurance: |
| Notes: |

INDEMNIFICATION AND INSURANCE TERMS:

Lessee covenants and agrees to indemnify, defend and hold harmless Lessor, its trustees, agents, servants and employees, from and against any and all: (i) claims for damages or injuries to persons or property arising out of or incident to the leasing of the District facilities named herein; and (ii) injuries, claims or suit damages, including attorney's fees, to persons of whatsoever kind or character, whether real or asserted, occurring during the term of this Lease in connection with the use or occupancy of the District facilities by Lessee, his or its invitees, agents, servants, employees, contractors, or subcontractors.

Lessee further covenants and agrees to obtain and keep in force during the term of this Lease an insurance policy providing for bodily injury and property damage insurance in amounts as follows: \$500,000 combined single limits bodily injury and property damage liability insurance with an insurance company satisfactory to Lessor, and to furnish Lessor a copy of such policy of insurance or a certificate, validly executed by or on behalf of the insurance company, that such insurance is full force and effect according to the terms hereof. Lessee shall be required to provide proof of insurance prior to the execution of this Lease Agreement

SPECIAL TERMS:

Subject to Toxes Tort Chins

- 1. School facilities may be used by organizations or individuals, as defined in District Policy GKD(LOCAL), when not in use by the regular school program.
- 2. A Lease Agreement must be executed between the District and the Lessee.
- 3. If a fee is charged, a deposit must be made at the time of signing the Lease Agreement.

 The remaining fee will be due at the close of the event.
- 4. All meetings and/or activities shall be under the supervision of an approved adult who shall be responsible for the care of the District facility.
- 5. If furniture and/or equipment must be moved, it shall be the responsibility of the Lessee to move, or cause to be moved, and return, or cause to be returned, the furniture and/or equipment to its original place.
- 6. The Lessee will be charged fees to cover the custodian(s) and/or cafeteria employee(s) cost, and one or more technicians for sound and lights at the Performing Arts Center. See attached fee schedule.
- 7. The Lessee will be responsible for any damages incurred to facilities or equipment during the agreed rental time period.
- 8. The Lessee agrees to prohibit smoking and any food or drink except in designated areas.

Signatures

| - | | |
|---|---|-----|
| 1 | - | - |
| | | CC. |

| I, Coger Varmon, have read the Lease Agreement and Board Policies GKD(LEGAL) and GKD (LOCAL) and the above Indemnification and Insurance Terms, and |
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| GKD(LEGAL) and GKD (LOCAL) and the above indemnification and insurance terms, and |
| Special Terms, and agrees to all conditions of this Lease Agreement. If I am executing this |
| Lease Agreement on behalf of an organization, by my signature I affirm that I have the authority |
| to enter into this Lease Agreement on behalf of the organization and to bind the organization to |
| the terms and conditions contained in this Lease Agreement. |
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| committee some to |
| Individually |
| individually 4 |
| |
| On behalf of Johnson Lounty |
| Official of Dekason County |
| |
| 11-1- |
| 1119117 |
| Date |

Lessor:

Barry Hipp ' Senior Director of Operations

Cleburne independent School District Use of School Facilities (Policy GKD Local)

In accordance with policy GKD local, individuals/organizations wanting to use CISD facilities will be categorized into one of four groups. Group I is the only group that is exempt from paying usage fees, as this group is defined as "sponsored by the District". The following information will be used in making the determination of the level of fees to be charged.

| Link to CISO facility policy: http://www.tash.org/ Briefly describe the activity/event that action facility | | h. die-audeocratika | | |
|--|--------------------------------------|---|-----------|----|
| Johnson Coun | ty Emplayer Ch | cistmas Party | | |
| 2pm Setup tables + decorations | | | | |
| 4pm Cates | er sed-up | | | |
| Gen - 9pm Cl | wishmas Party | | | |
| Name of groupsindividual in charge of event: | Johnson County Roser Harmon Boarty J | authlic con effect? | No | |
| if a group, name of individual coordinating event: | Rand, Gillespie/Re. Dic. | Will people be charged an entrance fee? | No | |
| Type of event: | Christmas Party | Length of time of event (in hours) | <u> </u> | |
| Will there be a charge for students to participate | No No | Will concessions be sold? | <u>No</u> | |
| If yee, how much per student? | <u>~/a</u> | Estimate of number of people expected to attend: | 400 | |
| Who are these payments made to? | NA | * | | |
| Are children that perficipate in this activity required to purchase supplies from the organizer | n NR | Do you or your organization have an insurance policy providing for | | |
| ls any <u>individual</u> profiting from this activity? | _No | botdily injury and properly damage insurance in the amounts of | Vac | |
| If this is a CISD club activity, what co-curricular account is the money being deposited into? | N/A | Subject to TX Tort | Claims | Ar |
| Signature of portion subrighting form | Cate | office use only | | |
| phone numberlemell address of contact person: fendy a @ Johnson Cove | | | | |

(If you believe your organization should be a school sponsored scrivity, please contact Gary Buckingham @ 817-202-1100.)



Certificate of Liability Coverage

P.O. Box 2131 | Austin, Texas 78768 | (512) 478-8753

The Texas Association of Counties Risk Management Pool (Pool) is created by Chapter 119 of the Local Government Code to enable each county or county related governmental entity to provide self-insurance coverage against liability claims. The specified member participates in this Pool under an agreement pursuant to the provisions of and operates under the Chapter 791, Texas Government Code Annotated.

COVERED MEMBER

Johnson County 2 N Main St Cleburne, TX 76033-5500

CERTIFICATE HOLDER

Cleburne ISD, Cleburne High School 1501 Harlin Dr. Cleburne, TX 76033

This certificate is issued as a matter of information only and presents no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the Pool. The certificate does verify that coverage has been placed for the period(s) indicated below, but should coverage be cancelled before expiration date, notice will be delivered in accordance with the provisions within the coverage document or inter-local agreement. Coverage provided by the Pool described on this certificate is subject to all the terms, exclusions and conditions of the coverage document issued by the Pool.

COVERAGE

GENERAL LIABILITY

EffectiveDate: 05/15/2015 Expiration Date: 05/15/2016

LIMITS OF LIABILITY

Issue Date: 10/29/2015

Bodily Injury (per person)

\$100,000

Bodily Injury (per occurrence)

\$300,000

Property Damage (per occurrence)

\$100,000

Medical Expense (per person)

\$5,000

Damage to Rented Premises (per occurrence)

\$50,000

ADDITIONAL DESCRIPTION

Cleburne High School December 5, 2015

Authorized Representative

Day of Sites

Tracy L. Seiler

Director, Risk Management Services

Texas Association of Counties

Texas Association of Counties Risk Management Pool

Issue Date: October 29, 2015

Johnson County # 1260 Coverage Number: CAS-1260-20150515-2

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