CUIMC Space Use Request and Agreement Form

**General Information**

Name of Organization: 

Name of Contact Person: 

Address: 

Phone Number: Email: 

501c3 Status/ EIN Number: 

**Event Information**

Event Name: 

Event Date: 

Start Time: End Time: 

Expected Number of Attendees: 

Equipment Requests (Tables and Chairs): 

Audio Visual Needs: 

Responsible Representative(s) of the organization at the event:

Name: Phone: 

Name: Phone: 

Name: Phone: 

**General Liability Insurance Information**

Company Name: 

Policy Number: 


The organization agrees to the following with regard to the use of Columbia University Medical Center’s facilities:

**Fee:** Space is available free of charge to non-profit 501(c)3 community based organizations **ONLY**. However, additional fees apply for facilities and audio visual requests. The organization must agree to pay the University for these charges by certified check or bank money order before the use of CUMC space.

**Indemnity:** As a condition of using Columbia University Medical Center’s facilities, the organization must hold harmless the Trustees of Columbia University in the City of New York, its trustees, officers, agents, employees, and its independent contractors working under its control and direction, from and against any actions, suits, proceedings, demands, claims, liabilities, losses, judgments, damages, costs and expenses (including actual attorney’s fees) arising out or incident to, directly or indirectly, the use of the facilities of Columbia University Medical Center on the date(s) specified above, except for bodily injury or property damage due to the gross negligence or willful misconduct of Columbia University Medical Center.

**Personal Property:** Columbia University Medical Center will not be responsible nor liable for any loss, theft, or damage to any personal property of the organization, or of any of its employees, agents, or vendors.

**Physical Property:** Columbia University Medical Center will hold the organization responsible for any physical damages to property associated with the event that exceeds the normal standards of wear and tear.

**Authority:** I am an authorized representative and agree to enter into this agreement on behalf of:

Organization: ________________________________________________________________

Name: ___________________________ Signature: ____________________________

Title: ____________

________________________________

Date: ___________________________________________

**For Official Use only**

CUMC use of space approved by:

Name: ______________________________ Signature: _________________________