

**MISSISSIPPI STATE UNIVERSITY  
DEPARTMENT OF RECREATIONAL SPORTS**

**FACILITY USAGE AGREEMENT**

Name and address of entity requesting use: \_\_\_\_\_

Name, address, and telephone number of individual to contact representing entity:

\_\_\_\_\_

Name of facility requested for use: \_\_\_\_\_

Date(s) of use: \_\_\_\_\_

Describe the activity to be held in facility: \_\_\_\_\_

\_\_\_\_\_

Will there be spectators attending? \_\_\_\_\_

Will there be an admission charge? \_\_\_\_\_

**For Mississippi High Schools, Junior Colleges or Universities:**

Are you self-insured? \_\_\_\_\_

If yes, please provide a copy of your self-insured authorization you have received from the Mississippi Tort Claims Board (must be received no later than ten (10) working days prior to the start of usage)

If you maintain third party liability insurance coverage you must provide the following:

You must provide proof of Comprehensive General Liability insurance, Workers' Compensation insurance and Commercial Auto Liability insurance.

You must provide a Certificate of Coverage mailed to Mississippi State University, Department of Recreational Sports, P.O. Box 6285, Mississippi State, MS 39762, and copied to the Board of Trustees of State Institutions of Higher Learning, Office of Insurance & Risk Management, 3825 Ridgewood Road, Suite 429, Jackson, MS, 39211, ten (10) working days prior to the start of usage. The Certificate of Coverage should, at a minimum, contain the name of the carrier, effective and expiration dates of coverage,

a description of the covered perils, amount of coverage by peril, the name and mailing address of the insurance company, and the name and mailing address of the insurance agent. The Certificate of Coverage must name the Board of Trustees of State Institutions of Higher Learning and Mississippi State University and their officers, agents and employees as an additional insured. The Comprehensive General Liability coverage and the Commercial Auto Liability coverage shall be a minimum amount of Five Hundred Thousand Dollars (\$500,000) per occurrence through an insurance company with a Best rating of A- or higher and a financial size Class X or higher approved by the Mississippi Department of Insurance.

**For High Schools, Junior Colleges, Universities and other groups that are private and/or out of state:**

You must provide proof of Comprehensive General Liability insurance, Workers' Compensation insurance and Commercial Auto Liability insurance.

You must provide a Certificate of Coverage mailed to Mississippi State University, Department of Recreational Sports, P. O. Box 6285, Mississippi State, MS 39762 and copied to the Board of Trustees of State Institutions of Higher Learning, Office of Insurance & Risk Management, 3825 Ridgewood Road, Suite 429, Jackson, MS 39211, ten (10) working days prior to start of usage. The Certificate of Coverage should, at a minimum, contain the name of the carrier, effective and expiration dates of coverage, a description of the covered perils, amount of coverage by peril, the name and mailing address of the insurance company, and the name and mailing address of the insurance agent. The Certificate of Coverage must name the Board of Trustees of State Institutions of Higher Learning and Mississippi State University and their officers, agents and employees as an additional insured. The Comprehensive General Liability coverage and the Commercial Auto Liability coverage shall be a minimum amount of One Million Dollars (\$1,000,000) per occurrence and One Million Dollars (\$1,000,000) annual aggregate through an insurance company with a Best rating of A- or higher and a financial size Class X or higher approved by the Mississippi Department of Insurance.

**In addition, the official authorized to bind your organization legally must execute the Indemnification and Hold Harmless form enclosed herewith and return it to Mississippi State University with your organization's Certificate of Insurance Coverage referenced above.**

I certify that the above information is correct to the best of my knowledge:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In return for being permitted to use University facility or facilities, we agree to indemnify, defend, save and hold harmless, protect, and exonerate the State of Mississippi, the Board of Trustees of State Institutions of Higher Learning, Mississippi State University, and each of their officers, agents, employees, and representatives, both in their official and in their individual capacities, from and against all claims, demands, liabilities, suits, actions, damages, losses and costs of every kind and nature whatsoever, including, without limitation, court costs, investigative fees, expenses, and attorneys' fees, arising out of or related to the use of the facility or facilities.

---

NAME OF ORGANIZATION REQUESTING TO USE FACILITY

---

TITLE OF OFFICIAL EXECUTING AGREEMENT FOR REQUESTING ORGANIZATION

---

TYPEWRITTEN NAME OF OFFICIAL EXECUTING FOR ORGANIZATION

---

SIGNATURE OF OFFICIAL EXECUTING FOR ORGANIZATION

---

DATE

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, \_\_\_\_\_, who acknowledged himself/herself to be the \_\_\_\_\_ of \_\_\_\_\_, INCORPORATED, a corporation, and that he/she, as such officer, being authorized so to do, executed and delivered the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as such officer.

In witness whereof, I hereunto set my hand and official seal on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

My Commission expires: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, \_\_\_\_\_, who acknowledged himself/herself to be the \_\_\_\_\_ of \_\_\_\_\_, an unincorporated association, and that he/she, as such officer, being authorized so to do, executed and delivered the foregoing instrument for the purposes therein contained, by signing the name of the association by himself/herself as such officer.

In witness whereof, I hereunto set my hand and official seal on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

My Commission expires: \_\_\_\_\_