

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: _____

General Liability Insurance Information

Company Name: _____

Policy Number: _____

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

COVID-19: All attendees and organizers in attendance must be fully vaccinated and boosted. There are no exceptions to the policy and event organizers are responsible for ensuring 100% compliance. Please provide documentation that attendees are aware of and in compliance. Organizers who do not fully enforce the vaccine policy will not be allowed to use CUIMC space again.

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 CUIMC space.

Indemnity: As a condition of using Columbia University Irving 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 Irving 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 Irving 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

CUIMC use of space approved by:

Name: _____ Signature: _____