



Barry University

Conference & Event Services

11300 NORTHEAST SECOND AVENUE
MIAMI SHORES, FL33161-66965

Phone (305) 899-3057

Fax (305) 899-3058

<http://www.barry.edu>

APPLICATION FOR RENTAL/USE OF FACILITIES

Date: _____

Name of Organization/Individual: _____

Affiliation (indicate if Barry student, alumni, employee, or other): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Contact Person: _____ Title: _____

Campus Facilities Desired: _____

Rental Date(s): _____ Program Time: _____

Alternate Date(s): _____

Facilities are being used for: _____ Anticipated Number of Participants: _____

Services and objects required: (podium/microphone, overhead, etc) _____

If you wish to utilize Sodexho Dining Services for meals, coffee, etc., please contact the catering office at (305) 899-3784.

The Lessee warrants that the facility desired is intended to be used for the purpose described in the application. The Lessee further agrees to hold harmless Barry University, its trustees, officers, and agents from any claims, liabilities and causes of action arising out of the operation of this agreement. **It is understood that no Alcoholic beverages will be served, and decorations will not cause damage to the facility.** Services and audiovisual equipment listed above will be provided for an additional charge.

The Lessee agrees to hold harmless Barry University, its trustees, officers, and agents from any claims, liabilities and causes of action arising out of the operation of this agreement. The lessee agrees to maintain during the term of this liability insurance (Hazard and Third Party Liability) with the limits of liability \$1,000,000/\$1,000,000 (Bodily Injury/Property Damage- each occurrence). A copy of the insurance waiver must be submitted thirty (30) days prior to the event date.**

You will be notified by mail of the action taken on this application. If you have any questions, please call Monica Soto at (305) 899-3057.

Thank you for choosing Barry University.

Print Name & Title _____

Signature _____ Date _____

***Liability insurance coverage not required for weddings in the Cor Jesu Chapel*