



7450 TITUS DRIVE, MINOCQUA, WI 54548  
(715) 356-5206 · Fax (715) 358-2649

**FACILITY USE APPLICATION**

**Joanne Krueger**  
Community Relations Coordinator

**Jim Ellis**  
District Administrator

Application Date \_\_\_\_\_ Activity \_\_\_\_\_ Area Requested \_\_\_\_\_  
Date of Use \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_  
Person Responsible for Group \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address (City, State, Zip) \_\_\_\_\_  
Email Address \_\_\_\_\_

**Understandings**

1. School District activities take preference over scheduled facility use. The School District shall give the responsible party as much notice as possible about possible conflicts.

Known Conflicts:

\_\_\_\_\_

2. Payment for any and all costs for damage to building and/or equipment shall be required from the user. Damage costs shall include repair and/or replacement plus labor costs. In addition any and all expenses, including reasonable attorney fees, incurred by the District in enforcing this agreement shall be paid by user.

3. Close supervision shall be necessary or building usage will be revoked.

4. The facility user fee for this group shall be \$ \_\_\_\_\_. Since custodial service is required for normal facility function, no custodial charge shall be made unless specific additional custodial services or time are required. Whether or not there are charges made shall be determined by the District Administrator.

5. \$100.00 Deposit will be required for use of the concession trailer. \$ \_\_\_\_\_ Deposit.

6. The School District shall not be liable for and bodily injury to any participant under this agreement.

7. Clean gym shoes must be used in the gymnasium.

**Indemnification and Hold Harmless Agreement/Mutual Waiver of Subrogation**

Applicant agrees not to sue the District and to indemnify and hold the District, its school board, all administrative personnel, teachers, other employees and agents, harmless from and against any and all loss, liability, claims or bodily injury, including death, to any individual participating under this agreement, and for any and all damage to the property of, or bodily injury to, any third persons, or damage to any third premises and/or facilities, or any part thereof, whether or not owned by the School District.

To the extent not prohibited by applicant's insurer, applicant hereby waives applicant's insurance company's right to subrogation against the School District, or any of its Board of Education, officers or employees, agent, or agent's employees.

The Board of Education also requests that Minocqua, Hazelhurst, Lake Tomahawk Elementary School be named on the Certificate of Insurance, a copy of which should accompany the completed facility use form. (When applicable)

*Update: Tuesday, November 3, 1998 \*Policy approved: August 8, 1994*

Signature of Applicant Representative \_\_\_\_\_

Approved  Denied District Administrator Signature \_\_\_\_\_

Approved  Denied Community Relations Coordinator Signature \_\_\_\_\_