

Sts. Leo & Martin Parish Hall

Facility Use Application Form

Name of Group _____ Number of People _____

Sponsor/Coordinator _____

Address _____
City State Zip Code

Contact Numbers: Home _____ Other _____ Email _____

Brief Description of Event _____

Date of Use _____ Starting Time * _____ Ending Time * _____

[* Include set up and clean up]

Recurring: No Yes Intervals: Monthly Weekly Other _____

Special Requests [i.e. tables, chairs, use of kitchen, kitchen appliances] _____

Key may be picked up only during business hours

Prior to any event: The facility usage fee must be paid in full and applicable insurance requirements must be met or facility use will be denied.

I have read and agree to comply with the Sts. Leo & Martin Parish Hall Facility Usage Policy.

Signature Printed Name Date

FOR OFFICE USE ONLY

Deposit required: Yes No Deposit returned: Yes No Date _____

Fee charged: _____ Pastor approval: _____
Signature Date

Usage Fee: Cash Check # _____ Insurance: Certificate provided Special Events N/A

Key given to _____
Name Date

Return date _____ Return time _____ Received by _____

This signed application by the aforementioned SPONSOR/COORDINATOR indicates that the SPONSOR/COORDINATOR agrees to defend, protect, indemnify and hold harmless the Diocese of Lincoln and Sts. Leo & Martin Parish against and from all claims arising from the negligence or fault of the aforementioned SPONSOR/COORDINATOR or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the identified facility usage at Sts. Leo & Martin parish hall.

The SPONSOR/COORDINATOR agrees to provide a certificate of insurance to Sts. Leo & Martin Parish which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence listing the Diocese of Lincoln and Sts. Leo & Martin Parish as "Additional Insureds" on its general liability policy for the dates of the facility usage in relationship to the type of facility usage. The insurance must protect against claims which arise out of SPONSOR/COORDINATOR'S operations or are brought against the Diocese of Lincoln, Sts. Leo & Martin Parish by the SPONSOR/COORDINATORS' employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. The SPONSOR/COORDINATOR also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against the Diocese of Lincoln, Sts. Leo & Martin Parish, or John XXIII Diocesan Center.

If the SPONSOR/COORDINATOR is unable to obtain sufficient general liability coverage, the ***Diocesan Special Events Coverage*** must be purchased.

If and only if the SPONSOR/COORDINATOR fails to comply with the above paragraphs, facility usage will be denied.

Signature of Sponsor/Coordinator _____