School District of North Fond du Lac

APPLICATION AND AGREEMENT
FOR USE OF THE DISTRICT’S FACILITIES OR GROUNDS

Name of Group/Organization: __________________________

Name of School/Building/Field to be used: ______________
(Please fill out separate application for each facility)

Area(s) of the Building/Grounds being requested: _______________________

Please provide the following, with detail when necessary, failure to completely complete this information could result in a delay and/or denial of the application:

Description of the purpose/intent of the Event (attach additional information if necessary): ______

Number of Individuals Participating in the Event: _____ Age/Grade Level of Individuals: ______

Are School District of North Fond du Lac students participating in the Event?: _____

Number of Event Supervisors: _______________ Estimated Number of spectators: ______

Individual(s) Responsible for Cleanup: ______

Individual(s) Responsible for Opening/Closing the Building: _____________

Are Keys Needed: ___________ (If Yes, applicant must fill out Key/Access Card Receipt Agreement)

Will there be sales of any kind: ______ Will there be vendors: _______, if so, how many (attach list): ______
(All vendors must provide proof of insurance, whereas, the School District of NFDL is named as an additional insured with the coverage requirements noted below. Vendors will not be approved until this information is provided.)

Will custodial support be needed: ____, if so, how many hours: __________ (Hourly rate is $35.00/hr)

Just let the SD of NFDL know in advance if custodial or maintenance personnel are needed and they can be scheduled at the $35 per hour rate.

PLEASE LIST ALL DAYS, DATES, AND TIMES IN WHICH EACH AREA IS NEEDED. EACH DAY, DATE, AND TIME MUST BE LISTED SPECIFICALLY. IF YOU NEED MORE SPACE, PLEASE ATTACH AN ADDITIONAL LIST TO APPLICATION!

Example ~ Thursday, May 7th, 2015, 4:00 PM to 8:00 PM

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The individual submitting the facility use request must be in complete compliance with the criteria listed below. If the individual submitting the facility use request is not in complete compliance the facility use by that individual or group use of the building or grounds area can be immediately denied or revoked.
Facility Use Compliance Checklist

☐ Return all equipment used to its proper storage place
☐ Use equipment as it was intended for
☐ **Do not prop doors open** (turn down with turndown key)
☐ Inside/outside doors are secured when you leave
☐ All lights turned off
☐ Put all trash in garbage cans
☐ Take the trash bags out to the dumpsters
☐ Facility is cleaned up before you leave
☐ No parking behind school - park only where you are permitted to park
☐ Turn off outside water after practice - if applicable
☐ Only use the facility reserved on your request form
☐ Facility reserved must be returned to original state
☐ Do not give your key card to anyone
☐ Do not give your keys to anyone
☐ Report any Damages soon as possible to Dave Mand (dmand@nfdlschools.org) or Aaron Sadoff (asadoff@nfdlschools.org)
☐ Please return keys and key cards to the District Office (225 McKinley Street)
☐ Put rugs back
☐ Have the Facility Use Form on you when you are using the Facility at all times

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In consideration of the use of the District’s facilities or grounds identified hereinabove, the organization requesting to use the same hereby agrees to, to the fullest extent as permitted by law, protect, indemnify, hold harmless and defend the School District of NFDL and the School District of NFDL’s officers, employees, representatives, agents, successors and assigns from any and all damages, claims, suits, actions, causes of action, demands, judgments, losses, costs and expenses of any nature whatsoever, including attorneys’ fees resulting from, any act or omission of the organization related to the use and maintenance of the District’s facilities or grounds. User(s) shall observe and abide by all applicable laws and regulations, as well as, all District policies and procedures. Failure to observe any applicable law, regulation, District policy and/or procedure will be grounds for the immediate termination of this Agreement.

It is understood by the undersigned that the School District of NFDL makes no warranties with regard to the facilities or grounds being requested hereunder. The facilities or grounds are being provided “as is” SPECIFICALLY THERE ARE NO WARRANTIES MADE OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. It is further understood that the organization requesting to use the District’s facilities or grounds assumes all obligations with regard to the proper training associated with the use and maintenance of any facilities or grounds requested hereunder. The organization has the duty of providing for, overseeing and implementing all precautions necessary to ensure the safety of all persons and property. In addition, the organization requesting to use the District’s facilities or grounds hereunder shall reimburse the School District of North Fond du Lac for the cost of repairing and/or replacing any damage to the facilities or grounds being caused hereunder.

___ Initials of applicant

All children must be supervised by an adult at all times! A child is defined as under the age of 18.
User is required to furnish a Certificate of Insurance naming the “School District of North Fond du Lac” as an additional insured under the policy. Such policy shall be issued with a minimum 60 day cancellation notice, with an insurance carrier licensed to do business in the State of Wisconsin, and signed by an authorized agent, as evidence of User’s financial ability to meet its obligation under this section.

The policy limits shall be:

- Commercial General Liability $1,000,000.00 per occurrence and aggregate
- Commercial Auto Liability $1,000,000.00 combined single limit
- Workers Compensation $100,000.00 each accident
  $500,000.00 disease—policy limit
  $100,000.00 disease—each employee

Print Name of Individual(s) Responsible for the Event: __________

Address: ________________

City/State/Zip: ______________________

Contact Telephone Number(s): __________________

This Agreement shall be governed and construed in accordance with the laws of the State of Wisconsin applicable to contracts made and performed therein, without regard to the law and conflicts of law, and the state and federal courts located in Fond du Lac County, Wisconsin, shall have exclusive jurisdiction of all suits and proceedings arising out of or in connection with this Agreement. The parties to this Agreement hereby submit to the jurisdiction of said courts for purposes of any such suit or proceeding, and waive any claim that any such forum is an inconvenient forum.

It is the responsibility of the requesting individual and/or group/organization to provide all required and/or requested information prior to the event. Failure to provide the required and/or requested information prior to the event will be grounds for the immediate termination of this agreement.

This document constitutes the entire understanding and agreement of the parties, and any and all prior agreements, understandings and representations are hereby terminated and canceled in their entirety and are of no further force and effect. By signing below, the individual represents and warrants that he/she has the full legal authority to bind User to the terms hereof.
SIGNATURE PAGE
Signature on this application indicates agreement with all rules and regulations of the agreement.

_________________________________________  ____/____/_______
Applicant's Signature  
(Representing Requesting Organization)  Date

PLEASE SUBMIT COMPLETED FORM TO THE DISTRICT OFFICE AT 225 MCKINLEY STREET

TO BE COMPLETED BY SUPERINTENDENT AND BUILDINGS AND GROUNDS DIRECTOR:

Approved

Superintendent or Director of Building and Grounds

______________  
Date

TO BE COMPLETED BY THE DISTRICT OFFICE:

Proof of Insurance Needed:

Fees Anticipated: 

TOTAL DUE: $_________  by: ____/____/_______
(PLEASE MAKE CHECK PAYABLE TO THE SCHOOL DISTRICT OF NORTH FOND DU LAC AND SUBMIT PRIOR TO THE EVENT.)

What keys type of keys were issued and returned:  
Door Keys: _______________ to ________________________  
Returned Date: ___/___/_______

Exterior Allen Wrench Key – Name: ____________________  
Returned Date: ___/___/_______

Key Cards (number) – Name on each card: ____________________________  
Building and Areas Need for Access: ____________________________  
Returned Date: ____/___/_______

_________________________________________  Date: ____/___/_______
Signature of Superintendent or Building and Grounds verifying all keys returned and usage complete