

# **APPLICATION FOR FACILITY USE**

For dates after 8/31/2024

| DESCRIPTION OF EVENT (e.g. Boys-8 BB Practice, Association Meeting, etc.) (Required):   |  | ORGANIZATION NAME:  |   |   |
|---|--|---|---|---|
| APPLICANT OR CONTACT NAME (Required):   |  |   | STREET ADDRESS:   |   |
| STREET ADDRESS (Required):  |  |   | CITY: STATE:  | ZIP:  |
| CITY (Required): STATE (Re  | quired): <b>ZIP</b> (Red   | quired):  | PHONE:  |   |
|   |  | work  | EMAIL:  |   |
| PHONE 2:  | ] cell 🗌 house   | □ work  | NAME & TITLE of ORGANIZATION REPRESENTATIVE (such as Presid   | dent Treasurer):  |
|   |  |   |   |   |
| ALTERNATE CONTACT NAME:   |  |   | IS THE ORGANIZATION PAYING THE ECASD FEES FOR THESE EVENTS?<br>IS THE ORGANIZATION PROVIDING LIABILITY INSURANCE COVERAGE?  |   |
| ALTERNATE'S PHONE:  | ] cell 🗌 house   | □ work  | TO THE ORGANIZATION PROVIDING LIABILITY INSURANCE COVERAGE?   |   |
| ALTERNATE'S EMAIL:  |  |   | Signature of AUTHORIZED Organization Representative   |   |
| SITE/BUILDING REQUESTED (Required):   |  |   | DAY(S) OF WEEK REQUESTED:   |   |
| ALTERNATE SITE(S):  |  |   | DATES OF USE: (each INDIVIDUAL date MUST be listed—no date ra   | inges):   |
| ROOMS/AREAS REQUESTED (Required):   |  |   |   |   |
| START TIME (Required): END TIME (F  | equired):  |   |   |   |
| NUMBER ATTENDING (Required):  |  |   |   |   |
| DESCRIBE the TYPE OF ACTIVITY (Required):   |  |   |   |   |
|   |  |   |   |   |
|   |  |   |   |   |
| DOES THIS REQUEST INCLUDE/INVOLVE ANIMALS (Req  | iired)? Yes  | No  | SPECIAL SET UP REQUESTS (other than for Auditorium or Ki  | itchen):  |
| DO YOU WANT TO SERVE FOOD AT YOUR EVENT(S) (Re  | quired)? Yes   | No  |   |   |
|   |  |   |   |   |
| Contact the Eau Claire City/County Health Dept to dete  | ermine if you need a   | a permit.   |   | 1   |
|   | -  | •   | NOTE: Basketball hoops may only be adjusted by Buildings & Gro  | ounds staff.  |
| If KIT  | CHEN is requested  | d, you MU   | NOTE: Basketball hoops may only be adjusted by Buildings & Gro<br>ST SUBMIT a KITCHEN FORM.<br>www.ecasd.us/Departments/Buildings-and-Grounds/Facility-Use-Re   |   |
| If KIT<br>The KITCHEN FORM can be found on the F<br>If AUDITORIUM is requested, you MUST SUBMIT an  | CHEN is requested<br>acility Use/Rental w<br>AUDITORIUM FORI   | <b>d, you MU</b><br>vebpage:<br><b>M.</b>   | ST SUBMIT a KITCHEN FORM.<br>www.ecasd.us/Departments/Buildings-and-Grounds/Facility-Use-Re   |   |
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#### ECASD APPLICATION FOR FACILITY USE—page 2

Contractor (below) agrees to defend, indemnify, and hold harmless District, its school board, administration, employees and volunteers, individually and collectively, from and against all costs, losses, claims, actions, attorney fees, and judgments arising from personal injuries, property damage, or otherwise, that may arise from or alleged to be caused by Contractor's negligence as a result of Contractor's use or occupancy District's land, facilities, or equipment. The Contractor agrees to provide, upon request, a certificate of insurance for liability coverage satisfactory to the District that names the District as an additional insured on said liability policy.

The District agrees to defend, indemnify, and hold harmless the User, its board, agents, employees and volunteers, individually and collectively, from and against all costs, losses, claims, actions, and judgments arising from personal injuries, property damage, or otherwise, that may arise from or alleged to be caused by District's negligence as a result of the User's use or occupancy of the District's land, facilities, or equipment while providing Services except if such cost, loss claim action or judgment is caused by the negligence of User.

I have read and understand the Eau Claire Area School District Facility Rental Conditions of Use and the Eau Claire Area School District Fee Schedule and agree to abide by them. I agree to pay all applicable rental rates and other charges incurred for this rental.

## SIGNING THIS FORM ELECTRONICALLY IS DEEMED TO BE A SIGNATURE ACCEPTING THE TERMS AND CONDITIONS OF FACILITY USE/RENTAL.

### SIGNATURES (REQUIRED)

| NAME OF ORGANIZATION/CONTRACTOR                         |                         |                            |
|---|-------------------------|----------------------------|
| PRINTED NAME OF AUTHORIZED ORGANIZATION REPRESENTATIVE: | TITLE OF AUTHORIZED ORC | GANIZATION REPRESENTATIVE: |
| SIGNATURE of AUTHORIZED ORGANIZATION REPRESENTATIVE:    |                         | DATE SIGNED:               |
|   |                         |                            |

| PRINTED NAME OF AUTHORIZED ECASD REPRESENTATIVE: | TITLE OF AUTHORIZED ECASD REPRESENTATIVE: |              |
|--|---|--------------|
| SIGNATURE OF AUTHORIZED ECASD REPRESENTATIVE:    |   | DATE SIGNED: |

The Fee Schedule and Conditions of Use can be viewed at: www.ecasd.us/Departments/Buildings-and-Grounds/Facility-Use-Rental.

### THE FOLLOWING ITEMS MUST BE SUBMITTED:

- APPLICATION FEE An Annual Application/User fee must be paid before an application can be processed. Fee is based upon the amount of use per year. See the Fee Schedule for fee amount.
- W9 FORM (this is required only for first time applicants). Applications will not be processed without a current W9 on file.
- REQUIRED LIABILITY INSURANCE COVERAGE (must be provided to the Buildings & Grounds Office at least five (5) business days prior to earliest event date).

### FORMS CAN BE SUBMITTED IN THE FOLLOWING WAYS:

- <u>Email to: facilityuse@ecasd.us</u>
- <u>Fax to</u>: 715-852-3154
- Drop off at: ECASD Service Center, 623 N Hastings Way, Eau Claire (next to U-Haul)
- <u>US Mail to:</u> ECASD Service Center, 623 N Hastings Way, Eau Claire, WI 54703

Terms of this agreement are subject to District Discretion.

EAU CLAIRE AREA SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER