

**WALWORTH JT. DISTRICT #1**  
**Walworth, WI 53184**

**APPLICATION FOR USE OF DISTRICT FACILITIES**

The undersigned hereby agrees for use of facilities located in Walworth Jt. District #1 as indicated below and agrees to comply with all Board of Education policies.

It is also agreed that while in use, proper control over the building and its facilities will be maintained at all times.

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF PERSON SUBMITTING APPLICATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

DATE(S) DESIRED: \_\_\_\_\_

TIME OF ARRIVAL: \_\_\_\_\_

TIME OF DEPARTURE: \_\_\_\_\_

TYPE OF ACTIVITY (Brief Explanation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESIRED EQUIPMENT (Please Be Specific): \_\_\_\_\_

ADMISSION CHARGE, (if any): Adult \_\_\_\_\_ Child \_\_\_\_\_

FACILITIES DESIRED (Please Circle):

Gymnasium      Multi-Purpose Room      Kitchen      Library      Classrooms

It is understood by both parties that the general Board of Education policies relative to the use of school equipment shall be applicable and the person whose signature appears below has been given authority to act for and assume complete responsibility for execution of such agreements as may be taken.

The indemnification agreement below is incorporated herein and made a part hereof, and execution of that agreement is a prerequisite to approval of the application.

**INDEMNIFICATION AGREEMENT**

Where permitted by law, the applicant shall agree to indemnify, save and hold, free and harmless Walworth Jt. District #1, their officers, agents and employees or any kind or nature, whatsoever, which the school district, their officers, agents, or employees or any of them may sustain or incur or that may be imposed upon them, or injury to or death of person or damages to property arising out of, connected with, or attributable to the borrowed equipment as provided therein.

\_\_\_\_\_  
Applicant's Signature Date

**\* NOTE: IT IS A REQUIREMENT OF OUR INSURANCE CO. THAT YOUR ORGANIZATION PROVIDE OUR DISTRICT WITH A CERTIFICATE OF INSURANCE WITH EACH REQUEST PRIOR TO APPROVAL BEING GRANTED.**

\*\*\*\*\*

**FOR DISTRICT USE ONLY**

RENTAL CHARGES

Building: _____	\$ _____
Equipment: _____	\$ _____
Grounds: _____	\$ _____
Custodial: _____	\$ _____
Kitchen Supervision: _____	\$ _____
Other: _____	\$ _____
Total Charges	\$ _____

APPLICATION APPROVED: \_\_\_\_\_

APPLICATION REJECTED: \_\_\_\_\_

CERTIFICATE OF INSURANCE PROVIDED: \_\_\_\_\_

On Behalf of the Board of Education,  
Walworth Jt. District #1

By: \_\_\_\_\_ Date: \_\_\_\_\_  
District Administrator