

**Wabasha-Kellogg School District #811**  
**902 – APPLICATION & FEE SCHEDULE FOR USE OF SCHOOL FACILITIES/EQUIPMENT**  
**~Form must be fully completed before it can be processed~**  
**Return to W-K Community Education Office**

Date of Application: \_\_\_\_\_, 20\_\_

**Person Filling Out Application:**

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Individual(s)/Coach(es) who are Responsible for Event(s) at the School:** *scheduling practices/open & close school for practices & events, etc. A job and keys will be assigned to the individuals listed below and only these individuals are allowed to possess them. Fobs and keys are not to be given to anyone other than the individual(s)/coach(es) who are responsible for the events at the school listed below.*  
Violation of the key protocol will result in revocation of keys and nullifies this rental agreement.

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Event Information:**

Name of Organization: \_\_\_\_\_  
Contact Person (if different from person filling out the application): \_\_\_\_\_  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Start Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

*(Set up time will be 1/2 hour before indicated start time unless additional time is requested. Event is expected to be cleaned up within 1/2 hour after indicated ending time unless additional time is requested).*

Anticipated number of participants: \_\_\_\_\_

Equipment/Supplies/Special Requests Needed for Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Non-Refundable Application Fee:**

\_\_\_\_\_ \$10.00 for Single Use Application  
\_\_\_\_\_ \$25.00 for Multi-Use Application

*Fee must be received at the time the application is submitted. Make checks payable to W-K School District #811.*

**Indemnification and Hold Harmless Agreement:**

*The undersigned sponsoring organization, agrees that in consideration for use of the school facility and/or its equipment and supplies, that it will defend, indemnify and hold harmless Independent School District #811, Wabasha-Kellogg Schools, Wabasha, Minnesota, its officers, agents and employees from and against any claim, loss, expense or damage to any person or property occurring on or to the premises, facilities or equipment, used by the sponsoring organization, its servants, employees, agents, or invitees arising out of the sponsoring organizations use of the School District's premises, facilities, equipment or supplies arising out of the activities conducted on the school premises by the undersigned sponsoring organization. In addition, the undersigned party is responsible for the return of any school equipment used to the school district in the condition it was issued. The undersigned party takes full responsibility for the loss, damage, or replacement of any equipment used and agrees to pay any damages incurred.*

*Class 2 & 3 users must provide a Certificate of Liability Insurance listing the district as an additional insured per the School District Certificate of Insurance schedule. Class 1 groups will be required to provide a Certificate of Liability at the discretion of the Community Education Office.*

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

\_\_\_\_\_  
W-K School Official Signature Date

~~~~~**OFFICE USE ONLY**~~~~~

Application Fee: \$ \_\_\_\_\_ Check #: \_\_\_\_\_/Cash  
Rental Rates Fees: \$ \_\_\_\_\_ Check #: \_\_\_\_\_/Cash  
Extra Personnel Service Fees: \$ \_\_\_\_\_ Check #: \_\_\_\_\_/Cash  
Equipment Rental Fees: \$ \_\_\_\_\_ Check #: \_\_\_\_\_/Cash  
Other Fees: \$ \_\_\_\_\_ Check #: \_\_\_\_\_/Cash

Entered online facility calendar: Permit #: \_\_\_\_\_ Date Done: \_\_\_\_\_ By: \_\_\_\_\_

Classroom Teacher(s) Notified: Date Done: \_\_\_\_\_ By: \_\_\_\_\_

Custodian Notified: Date Done: \_\_\_\_\_ By: \_\_\_\_\_

Custodian of Equipment Notified: Date Done: \_\_\_\_\_ By: \_\_\_\_\_

Insurance Liability Waiver Signed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Certificate of Insurance Coverage Received: \_\_\_\_\_ Yes \_\_\_\_\_ No Expiration Date: \_\_\_\_\_

Payment Received: \_\_\_\_\_ Yes \_\_\_\_\_ No

Entered on MCEA Report & ClassTrak: \_\_\_\_\_ Yes \_\_\_\_\_ No

Keys/Fob Given: \_\_\_\_\_ Yes \_\_\_\_\_ No

Key #: \_\_\_\_\_ Fob #: \_\_\_\_\_

Key #: \_\_\_\_\_ Fob #: \_\_\_\_\_

Key #: \_\_\_\_\_ Fob #: \_\_\_\_\_

Key #: \_\_\_\_\_ Fob #: \_\_\_\_\_