School District of Marshfield
Request for Rental of Facilities

Current Date _____

Please complete all information and return to:

Kathy Scheppler
School District of Marshfield
1010 East Fourth Street
Marshfield, WI 54449-3098

Name of Organization _____

Date(s) of Activity _____ Time(s) of Activity _____ to _____

Type(s) of Activity _____

Building(s) _____ Location in Building(s) _____

List any additional facilities needed (PA system, movie screen, chairs, tables, etc.)

_____

Person in charge of activity: Name _____

Address _____

_____

Phone _____

Do you have liability insurance to cover this event? Yes _____ No _____

If yes, please submit a Certificate of Insurance naming the School District of Marshfield as additional insured for liability for this rental.

Notwithstanding any other agreements, I/we the undersigned agree to defend, hold harmless and indemnify the School District of Marshfield against any legal liability in respect to bodily injury, death, and property damage arising from my/our use of the property belonging to the School District of Marshfield.

Signature _____

Date _____