

MORNING STAR LUTHERAN CHURCH & SCHOOL

N171 W20131 Highland Road, Jackson, WI 53037-9245
church: (262) 677-9357 church@morningstarwels.org
school: (262) 677-9196 school@morningstarwels.org
www.morningstarwels.org

EDUCATIONAL AND ATHLETIC FACILITY USE APPLICATION

FORM 2 (FOR CATEGORIES 2 AND 3)
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Name of group/organization (if applicable): _____

Event planner/contact person: _____ Phone: _____ E-mail: _____

Address: _____

City/State/ZIP: _____

Date of request: _____

Facilities Requested

___ Gymnasium (with stage and locker/bath rooms) ___ Kitchen

___ 2nd floor library/multi-purpose room ___ Classroom(s): specify room(s):

___ Equipment (scoreboard, projection system, audio-visual, etc.; please list below)

Please describe the activities taking in the space(s) indicated above: _____

Person responsible on site during the event: _____ Cell phone: _____

Date(s) of the event: _____

Time(s) of the event: from _____ to _____

DAMAGE/LIABILITY WAIVER

For and in consideration of permitting the applicant and participants to observe, or use any facility or equipment of Morning Star Lutheran Church and School, or engage in and/or receive instruction in any activity incidental thereto some of which may involve dangers and risk of bodily injury, the undersigned applicant/responsible person(s)/organization shall indemnify and hold harmless Morning Star Lutheran Church and School and its officers, agent, servants, and employees from all claims, losses, damages, and expenses, including but not limited to attorney fees, arising out of or related to the observation or use of any facility or equipment or participation in any activity incidental thereto, provided that such claim, loss, damage or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property including loss of use there from.

The undersigned applicant/responsible person(s)/organization will provide an insurance certificate as proof of insurance upon request naming Morning Star Lutheran Church and School as additional insured. The undersigned applicant/responsible person(s)/organization agree to abide by all the policies and procedures adopted by Morning Star Lutheran Church and School governing the use of the buildings and equipment and to see that the same are carried out and obeyed by others and agree to return the facility in the same or better condition as it was upon first using it. The undersigned applicant/responsible person(s)/organization assume full responsibility for and will make good for any damage done to the building and/or equipment during the period of usage and agree to pay any applicable assessed charges promptly upon receipt of Statement from Morning Star Lutheran Church and School.

Signature of Responsible Person: _____ Date: _____

Print Name: _____ Organization (if applicable): _____

Fees

A \$50 per space security deposit must be paid at the time an application is submitted (separate check from rental payment). The security deposit or a portion of it will be returned/refunded after the facilities clear an inspection. The total rental fee shall be paid prior to the beginning of the event. Fees are as follows:

Security Deposit (refundable after the facilities clear an inspection) \$50 (per space) \$_____

Facility Rental Fees [category 2 rental fees are half (50%) of the full rates listed]

Gymnasium (includes use of the stage and locker/bath rooms) \$30/hr \$_____

Kitchen \$15/hr \$_____

Classrooms and library room \$10/hr (per room) \$_____

TOTAL RENTAL FEE AMOUNT (paid prior to the beginning of the event) \$_____

Please make checks payable to Morning Star Lutheran Church.

Member Supervisor (if required) \$10/hr \$_____ (paid to supervisor)

Morning Star reserves the right to review and approve or reject all requests for facility use.

(for office use only)

Morning Star representative approval: _____ Date: _____

_____ Date application received with \$50 per space security deposit included

_____ Date application: approved _____ denied _____

_____ Date total rental fee paid amount \$_____

_____ Date insurance certificate received

_____ Date security deposit refunded/returned amount returned \$_____

_____ Date additional fee paid (if any) amount \$_____ reason: _____