

# School District of Marshfield Request for Rental of Facilities

---

Current Date \_\_\_\_\_

Please complete all information and return to:

Kathy Hull  
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 \_\_\_\_\_