

Facility Address: W2037 County Road S, Freedom, WI 54130

Individual Responsible for Rental: St Nicholas Parishionel		☐ Non-Parishioner
Non-Profit Organization (if applicable	e):	
Responsible Party Address:		
Telephone:		
Email Address:		
Estimated # of People:	Estimated # l	Jnder 21:
Facility/Facilities Rented: Fellowship Hall Gym Full Kitchen in Cafeteria	☐ Serving ☐ Cafete	Kitchen in Fellowship Hall ria
Purpose of Rental:		
Rental Date:	Start Time:	End Time:
Renter must submit to the Parish Office	ce:	
Rental Agreement \$100 Security Deposit Check (separe Rental Fee PaymentCash orC Certificate of Liability naming Saint I Green Bay as "Additional Insured" -C	heck Nicholas Catholic C	hurch & School and the Diocese o
Date Received		
Check #		
Received by		
Security Deposit Returned on: Do	ate	



The undersigned lessee agrees to exercise due care in the preservation of the premises and to prevent loitering and the presence of unauthorized persons during all usage periods.

The Lessee also agrees to put all things back in the same order and condition as they were prior to use of the premises and to have the building vacated by 9:00 p.m. Any assessment of damage shall be made by the Maintenance Department of St. Nicholas Catholic Parish within (1) week after the date of use by the undersigned, and the opinion of the department as to the extent and amount of damage shall be binding and final. The Lessee below shall be liable for such damages. If necessary, the lessee will be billed at the rate of \$20.00 per hour. If the kitchen is used, a St. Nicholas representative may be on the premises.

Lessee shall indemnify and hold harmless the lessor and lessor's officers, agents, representatives, assigns, guests, employees, and invitees from any and all damage, loss or liability of any kind whatsoever occasioned upon and/or within the leased parish premises, or ways or walks adjacent thereto, by reason of any injury to persons or property caused or alleged to be caused by any act or omission, neglect, or wrongdoing of the lessee or any of his/her and/or its officers, agents, representatives assigns, guests, employees, invitees, or other persons admitted by the lessee to the parish premises. The Lessee will, at his/her and/or its own cost and expense defend and protect the lessor against any and all such claims or demands including attorney's fees.

Lessee shall provide the lessor with a certificate of insurance documenting general liability coverage in the amount of \$1,000,000 per occurrence for business entities (personal liability (homeowners or farm owners policy) coverage of \$300,000 for individuals). This certificate should name the parish and the Diocese of Green Bay as an additional insured.

-OR- My signature below verifies that I carry homeowners/renters liability insurance coverage.

Name of Homeowners Insurance Company	
The preceding information is correct to the best of my kn agreement and agree to abide by all the regulations and poli I acknowledge that St. Nicholas Catholic Parish and the Dioce for any damage or injury arising out of, or connected in any	icies set forth for the use of parish facilities and/or grounds. ese of Green Bay have no responsibility, express or implied,
By signing this document, the renter agrees to all rules, guide Usage, Policies, and Procedures document. Fee Chart listed	·
Signed: (Signature of Responsible Party)	Date:
07/06/2021	

Page 2 of 2