

PARISH HALL CONTRACT
Church of St. Elizabeth Ann Seton
207 County Road 23
Isanti, MN 55040
763-444-4035

Name of party using facility: _____

Contact person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – home: _____ Work: _____ Cell: _____

Description of event: _____ Date: _____

Number of guests: _____ Time event begins: _____ Ends _____

BASIS DONATION RATES:	ANTICIPATED COSTS	ACTUAL COSTS
Parish Hall/Coffee only	_____	_____
Parish Hall/kitchen	_____	_____
Attendant fee at price level	_____	_____
TOTAL CHARGES:	_____	_____
LESS DOWN PAYMENT:	_____	_____
DAMAGE DEPOSIT (\$300) PAID	yes _____ date _____	no _____
BALANCE DUE	_____	

Name/address/phone of catering service: _____

Name/address/phone of entertainment provider: _____

I/We have read and understand the policy and procedures relating to the use of facilities owned by the Church of St Elizabeth Ann Seton.

Name: _____

Date: _____

FACILITY USAGE/INDEMNITY AGREEMENT

PARISH: St. Elizabeth Ann Seton

PARISH is understood to include the Diocese of St. Cloud

FACILITY USER: _____

DATES OF FACILITY USAGE: _____

TYPE OF FACILITY USAGE: _____

The above named FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named FACILITY USER or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE at the above named PARISH.

FACILITY USER agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence. FACILITY USER also agrees to have the PARISH named as an "Additional Insured" on its general liability policy for the DATE(S) OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER'S operations or are brought against the PARISH by FACILITY USERS' employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If and only if FACILITY USER fails to comply with the above (second) paragraph, then the above named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the PARISH by the above named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents, or the negligence of any other individual or organization. If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY:

(Must be an official agent of FACILITY USER)

NAME (Please print): _____

DATE: _____

FACUSAG (5/01)