

PLEASE RETURN THIS FORM TO: TOWN OF PHELPS, PO BOX 157,
PHELPS, WI 54554 PHONE/FAX: 715-545-2270;
E-MAIL: townclerk.phelps@gmail.com
Fee: \$100; \$50 reimbursement after event if left in good condition

Approved: _____

(Town Clerk)

Date: _____ Deposit _____

Date: _____ Refund _____

APPLICATION FOR USE OF TOWN FACILITIES

NAME OF PERSON/ORGANIZATION: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

FACILITY DESIRED: _____ WAVERING PARK _____ FIRE STATION _____ TOWN HALL _____ OTHER

DATE OF USE: _____

TIME OF USE: _____ A.M./P.M. TO _____ A.M./P.M.

PURPOSE OF USE OF ROOM: _____

NUMBER OF PARTICIPANTS: _____

CHECK WHICH BEST DESCRIBES YOUR ORGANIZATION: _____ INDIVIDUAL/FAMILY _____ NOT-FOR-PROFIT
_____ FOR PROFIT _____ GOVERNMENT ENTITY

HOLD HARMLESS AGREEMENT

I UNDERSTAND THAT MY USE OF ANY PHELPS TOWN FACILITY IS VOLUNTARY AND THAT I AM USING IT FOR MY BENEFIT ONLY. I AGREE THAT MY USE OF ANY PHELPS TOWN FACILITY IS UNDERTAKEN AT MY OWN RISK AND THAT THE TOWN OF PHELPS WILL NOT BE LIABLE FOR ANY CLAIMS, INJURIES OR DAMAGES OF WHATEVER NATURE INCURRED BY ME, MEMBERS OF MY ORGANIZATION OR THIRD PARTIES DUE TO MY OWN NEGLIGENCE OR THE NEGLIGENCE OF MY ORGANIZATION OR THE NEGLIGENCE OF THE THIRD PARTIES. I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN OF PHELPS FROM ANY CLAIMS, INJURIES OR DAMAGES OF WHATEVER NATURE ARISING OUT OF OR CONNECTED WITH MY USE OF ANY PHELPS TOWN FACILITY. I ALSO AGREE TO REIMBURSE THE TOWN OF PHELPS FOR ANY DAMAGE, BREAKAGE, MAINTENANCE OR CLEANUP ARISING OUT OF MY USE OF ANY PHELPS TOWN FACILITY.

PRINTED NAME OF USER

SIGNATURE OF USER

DATE