

TOWN OF MINOCQUA — APPLICATION FOR USE OF TOWN FACILITIES

**SECTION ONE:
CONTACT INFO**

Name of Organization: _____

Mailing Address: _____

City, State, ZIP: _____

Contact Person/Title: _____ Phone: _____

Check the box that best describes your organization: Individual/Family Not-for-Profit For-Profit Government Entity

**SECTION TWO:
EVENT DESCRIPTION**

Date(s) of Intended Use: _____

Time of Use: Start: _____ AM/PM End: _____ AM/PM Number of Participants: _____

Purpose of Use: _____

Will a Fee Be Charged or Donations Solicited from Participants? YES NO If YES, how much? \$ _____

Is the General Public Invited/Welcomed to Attend/Participate in this Event? YES NO

Facility Requested:

Bradley Room (small) Torpy Room (small) Board Room (medium) Gymnasium (large) Torpy Park (outdoor)

I/We Are Requesting Use of a Portion of the New Minocqua Park (former Circle M Corral). I/We Understand that a Use and Fee Policy is Currently Being Developed for this Facility but Would Like to Be Considered for Use of the Following Portion(s) of the Park:

**SECTION THREE:
HOLD HARMLESS**

I understand that my use of any Minocqua town facility is voluntary and that I am using it for my benefit only. I agree that my use of any Minocqua town facility is undertaken at my own risk and that the Town of Minocqua 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 members of my organization or the negligence of third parties. On behalf of myself and the organization that I represent, I expressly forever release and discharge the Town of Minocqua, its agents or employees, from any such claims, injuries or damages. I also agree to defend, indemnify and hold harmless the Town of Minocqua from any claims, injuries or damages of whatever nature arising out of or connected with my use of any Minocqua town facility. I also agree to reimburse the Town of Minocqua for any damage, breakage, maintenance or cleanup costs arising out of my use of any Minocqua town facility.

Printed Name of User Agent

Signature of User Agent

Date

Please Return this Form to:

Town of Minocqua
415 Menominee St., Suite A
Minocqua, WI 54548
Tel: 715.356.5296 Fax: 715.356.1132
Email: office@townofminocqua.org

Approved: _____
(Town Clerk)

Date: _____ Deposit: _____