

APPLICATION AND PERMIT FOR USE OF GREAT FALLS CENTRAL CATHOLIC HIGH SCHOOL FACILITY

Great Falls Central Catholic High School
2800 18th Avenue South Great Falls, MT 59405
Phone: (406) 216-3344 FAX: (406) 216-3343



Applicant/Permit Holder (Organization/Group Using the Facility):

Address:

Arrangements made by/contact person:

Address: _____ Phone: _____

Email:

Portion(s) of facility requested: **Gym**

Rental Dates: _____ Performance Time: _____

Required set-up and take-down time:

Purpose of rental and No. attending:

Will admission be charged? Free _____ Paid _____

Fee and Personnel Schedule (see attached - all fees are due upon approval of this application)

Gymnasium Rental	\$ _____	Staff Fee	\$ _____
Classroom Rental	\$ _____	Technical Support Fee	\$ _____
Commons Rental	\$ _____	Total Personnel Fee	\$ _____
Kitchen Facility Rental	\$ _____	Cleaning Fee	\$ _____
Outdoor Practice Field	\$ _____		
Additional Equipment Fees	\$ _____		
Total Rental Fee	\$ _____		

Equipment:

Screen _____ Piano _____ Podium _____ Risers _____

The Applicant/Permit Holder, by signature below, hereby agrees to indemnify, defend, and hold harmless Great Falls Central Catholic School (Central), the Roman Catholic Bishop of Great Falls (Bishop), Montana, a corporation sole, the Diocese of Great Falls-Billings, and its employees or agents from liability, expenses, or costs (including attorney fees), damages, and/or losses arising out of or related to injuries or death to any person or persons or damage to any property of any kind in connection with the organization or individual's use of the facility unless such damage or injury results solely from the gross negligence or willful misconduct of Great Falls Central Catholic High School. The Applicant/Permit Holder shall prior to use of the facility provide Central with proof of insurance in an amount of not less than \$1,000,000 for injuries or death of any person or damage to or loss of property arising out of or in any way resulting from the described use of the facility. The certificate shall also include the Bishop, Central, and the Great Falls Central Catholic High School Board of Trustees as additional named insureds for this event.

Please Attach Proof of Insurance

Conditions of Facilities Use Use of Great Falls Central Catholic High School facilities is conditioned upon the following stipulations:

1. That if alcoholic beverages are consumed on the premises, organizations or individuals will limit alcohol consumption to a reasonable amount. Permit Holder assumes all liability for the sale and consumption of alcohol. A license to serve alcohol shall be obtained by Permit Holder who agrees to abide by all federal, state, county, and municipal laws and regulations pertaining to the sale and consumption of alcoholic beverages.
2. That no tobacco or other drugs may be sold or consumed on the premises by the requesting organization or individual or any of its employees, patrons, invites, agents, or members.
3. That adequate supervision is provided by the Permit Holder to ensure proper care and use of Central facilities.
4. That the Permit Holder will provide proof of liability insurance prior to use of the facility.
5. That the permit Holder will make no alterations, modifications, or additions to the facility without approval of Central.
6. That the Permit Holder will pay for and/or replace any property damage to the facility and equipment that is not otherwise due to normal wear and tear.
7. That the occupancy and use of the facilities and equipment will be in compliance with this application and any applicable governmental regulations and any additional rules and regulations of Great Falls Central Catholic High School and the Diocese of Great Falls-Billings.
8. Should the Permit Holder fail to abide by the terms of this agreement, Central reserves the right to immediately cancel this permit and retain any prepaid fees.

Sign _____ **GREAT FALLS CENTRAL CATHOLIC HIGH SCHOOL**

Authorized Representative _____ Date _____

For _____ Organization or Group _____ Date _____
By _____ Executive Director _____ Date _____

ANY ADDITIONAL EQUIPMENT MUST BE REQUESTED AT LEAST THREE WORKING DAYS BEFORE THE RENTAL DAY. REMOVAL OF SNOW IS THE RESPONSIBILITY OF THE USER

Revised 12//2018