

### **All Rental Contracts:**

The Sacred Heart School Gym is available for family events such as family reunions, holiday celebrations, bridal showers, weddings and anniversary receptions. There are many costs associated with using the facilities at Sacred Heart including energy, heat, lights and maintenance.

### **Gym Rental:**

	<b>Parishioner</b>	<b>Non – Parishioner</b>
<b>Option #1</b>	\$125.00	\$225.00

The event is catered or brought in by the family with no use of kitchen appliances and supplies.

<b>Option #2</b>	\$200.00	\$300.00
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The event is catered or brought in by the family with full use of kitchen appliance and utensils.

\*Contact the school secretary for rental availability. The secretary will be able to help with contract and keys.

Sacred Heart School Phone # 507- 582- 3120

## **Sacred Heart Catholic Church Facility Usage Requirements**

**(Revised November 20, 2017)**

To stay in accordance with insurance changes within the Winona Diocese, it will now be mandatory that anyone renting the Sacred Heart gym purchase a one million dollar facility usage insurance policy for the rental period.

The policy can be done one of two ways.

1. The renter must provide a Certificate of Liability Insurance through their current home owner's insurance policy. To do this, obtain the Facility Usage Information from the school secretary. Take this to your insurance agent who will fill it out and provide you with the Certificate of Insurance. Return the certificate to the school secretary.
2. The renter can purchase the insurance through the Diocese of Winona for \$100.00. To do this, obtain the Application for Special Events Coverage from the school secretary, fill it out and return to the school secretary with a \$100.00 made payable to the Diocese of Winona.

\*\*All papers need to be returned to the Sacred Heart School office at least 1 week in advance. School keys will be given to you when paperwork is complete. Keys need to be returned on the next school day following your event.

The Sacred Heart Parish and School Board thank you in advance for your cooperation with this new policy. If you have any questions, please call a member of the Parish, School Board, or the school principal. Others willing to answer questions with this are Charlie Gilles from Huseby Insurance 507-582-3253 or Ryan Christianson from Catholic Mutual Group 507-454-6452.

\*\*Some renters have increased their home owner's insurance for a one day rental for less than \$10.00, if their current policy was inadequate. This will vary depending upon your current coverage and insurance company.

**Sacred Heart Parish**

**P.O. Box 249**

**Adams, MN 55909**

**Use of Sacred Heart Facilities Gym Rental Contract**

We are pleased that you are wishing to hold your event at our facility. We hope that your event brings lasting memories for you and your family and friends.

Contact Person: \_\_\_\_\_ Event: \_\_\_\_\_

Phone: \_\_\_\_\_ Event Fee: \_\_\_\_\_

Address: \_\_\_\_\_ Price Per Plate: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Date & Time of Event: \_\_\_\_\_

Expected # of Guests: \_\_\_\_\_ Parishioner? YES NO

Rental includes time to set up and decorate. Rental period includes time for set up and clean up. Set up can occur on the day before if no other parties have rented the facility for that particular day. Set up times need to be discussed with the school secretary. All clean-up is the renter's responsibility and should occur on the same day of the event or discuss other options with the school secretary.

Use of Sacred Heart facilities for your family event includes the use of the gym, tables, chairs, and rest rooms. White table covering is available for \$20.00 per 300 foot roll.

Please be respectful of our facilities. Please monitor children and their behaviors. Guests should not be down stairs, playing on the stage, in the school hallways or in the sacristy or church.

I agree to the above terms and guidelines and accept liability for any damages resulting to the facility or my guests.

Renter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail payment and contract to the above address.

**DIOCESE OF WINONA**  
**FACILITY USAGE FORM**

*Note: Catholic Mutual Must Receive Application At Least 3 Months Prior To The Event. Do Not Submit Applications More Than 1 Year In Advance.*

**TO AVOID DELAY OR DENIAL OF FACILITY USAGE, PLEASE ENSURE THAT EVERY FIELD IS COMPLETED.**

**Name of Parish or Entity:** \_\_\_\_\_  
\_\_\_\_\_  
**Street Address (Physical, NO P.O. Boxes):**  
\_\_\_\_\_  
\_\_\_\_\_  
**City/State:** \_\_\_\_\_  
**ZIP Code:** \_\_\_\_\_  
**Phone No.:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_  
**Type of Event (Wedding Reception, Anniversary Party, etc.):** \_\_\_\_\_  
\_\_\_\_\_  
**Time of Event:** \_\_\_\_\_  
**From:** \_\_\_\_\_  
**To:** \_\_\_\_\_  
**Approximate Number of Participants:** \_\_\_\_\_

**Name of Sponsoring Organization or Individual:**  
\_\_\_\_\_  
\_\_\_\_\_  
**CONTACT INFORMATION**  
**Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City/State:** \_\_\_\_\_  
**ZIP Code:** \_\_\_\_\_  
**Phone No.:** \_\_\_\_\_  
To receive approval notification, please print email(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How does this event relate to the teachings/traditions of the Catholic Church?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN FORM TO:**  
Sacred Heart Parish  
P.O. Box 249  
Adams, MN 55909

**FACILITY USAGE/INDEMNITY AGREEMENT**

PARISH: \_\_\_\_\_

PARISH is understood to include the Arch/Diocese of: \_\_\_\_\_

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 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 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. This paragraph does not relieve FACILITY USER's responsibility to comply with the above (second) paragraph.

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: \_\_\_\_\_