



ECASD Service Center
Facility Use Office
623 N Hastings Way
Eau Claire, WI 54703

ORGANIZATION/GROUP ATTENDING HOSTED EVENT

Name of Host: _____

Event Title: _____

Location(s) At Which Event Will Be Held: _____

Date(s) When Event Will Be Held: _____

The below Organization agrees to defend, indemnify, and hold harmless the Eau Claire Area School District, its School Board, administration, employees, and volunteers, individually and collectively, from and against all costs, losses, claims, actions, attorney fees, and judgments arising from personal injuries, property damage, or otherwise, that may arise from or alleged to be caused by the Organization’s negligence as a result of Organization’s use or occupancy of the Eau Claire Area School District’s land, facilities, or equipment.

The District agrees to defend, indemnify, and hold harmless the Organization below, its board, agents, employees and volunteers, individually and collectively, from and against all costs, losses, claims, actions, and judgments arising from personal injuries, property damage, or otherwise, that may arise from or alleged to be caused by the Eau Claire Area School District’s negligence as a result of the District’s use or occupancy of the District’s land, facilities, or equipment. The District further agrees to provide a certificate of insurance for liability coverages satisfactory to the Organization listed below.

LIABILITY INSURANCE

The below Organization shall attach a copy of the organization’s Certificate of Liability Insurance, including all carrier exclusions, endorsements, and provisions that limit or expand coverage, with the Eau Claire Area School District designated as an additional insured during the time of use. The User shall maintain the following minimum levels of coverage during the term of the agreement for general liability (including volunteers, if used):

- \$1,000,000 Per Occurrence – Commercial General Liability, and
- \$1,000,000 Per Aggregate, and
- \$4,000,000 Umbrella Liability

ATTENDING GROUP AUTHORIZED SIGNATURE:

PRINT Name of Authorized Group Representative

PRINT Name of Individual/Group

SIGNATURE of Authorized Group Representative

Date Signed

EAU CLAIRE AREA SCHOOL DISTRICT AUTHORIZED SIGNATURE:

PRINT Name of ECASD Authorized Representative

PRINT Title of ECASD Authorized Representative

SIGNATURE of ECASD Authorized Representative

Date Signed