FACILITY USAGE/INDEMNITY AGREEMENT

PARISH: [check one] ___St. Bernard-Breda ___St. John-Arcadia
___Our Lady of Mount Carmel-Mount Carmel ___ St. Elizabeth Ann Seton-Glidden
___ St. Augustine-Halbur
Parish is understood to include the DIOCESE OF SIOUX CITY

FACILITY USER [NAME]:_____

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 and the DIOCESE OF SIOUX CITY named as "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 operations or are brought against the PARISH by FACILITY USERS' 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 and only 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. 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: _____ FEE: $_____

If facility user does not have the required insurance or is holding special events, the **APPLICATION FOR SPECIAL EVENTS COVERAGE** form needs to be completed and returned to the office two [2] weeks before the event.

Please return this completed form to the parish office at least one [1] week before use.