

Guidelines for the use of St. Charles Parish Hall

1. Individual or organization must provide to the parish a certificate of liability insurance from your insurance provider or you may purchase Special Events coverage through the Diocese for \$95 per event. This certificate provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence. This certificate must name St. Charles and the Roman Catholic Diocese of Lafayette in Indiana, Inc. as additional insured's with date of event and type of use of the facility. Also you must return the Facility Usage Agreement form signed and dated.
2. The amount of the rent is due PRIOR TO the date of your event.
3. A separate check for the damage deposit of \$100.00 is charged upon reserving the hall and is due PRIOR TO your event. This check is returned to you *if* the hall is left clean. If we should have to hire someone to clean up after you, we will use your \$100.00 to pay for this.
4. The hall is used every Sunday morning during the school year for CCD classes and other meetings during the week pertaining to the church. Therefore, all cleaning must be done directly after the use.
5. No taping to the walls or to the ceiling.
6. All tables and chairs should be wiped off placed back in the manner which you found them.
7. Thermostats have instructions posted beside them, please observe.
8. All floors should be swept and mopped. There are brooms and mops in the hall for you to use.
9. There is to be no food or alcohol left on the premises. Please check the refrigerator before you leave.
10. All items such as coffeepots and decorations must be taken with you at the end of your event. We are not responsible for these items if they are destroyed or stolen.
11. All garbage should be taken to the grey storage shed.
12. Make sure all windows and doors are closed and locked when you leave.
13. Check all kitchen sinks and restrooms for running water and flush all stools.
14. Make sure all lights are turned off in all rooms, including outside lights.
15. The hall is a "smoke free" environment. You may smoke outside the building.

St. Charles Hall Rental Rates

Wedding reception (non-parishioner)	\$250
Parishioner (one who is active in the parish)	\$125
Business meetings (more than 25 participants)	\$100
(less than 25 participants)	\$ 50
Baby showers, bridal showers, and similar (non-parishioner)	\$150
Parishioner	\$ 75
Family gatherings (reunions, birthdays, anniversaries, Christmas etc.)	\$150
Parishioner	\$ 50

Rental fees and damage deposit, along with certificate of liability insurance and signed facility usage agreement are due in the parish office prior to the scheduled event.

FACILITY USAGE/INDEMNITY AGREEMENT

PARISH : _____

PARISH is understood to include the 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 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: _____

**DIOCESE OF LAFAYETTE, INDIANA - 0175
APPLICATION FOR SPECIAL EVENTS COVERAGE**

Coverage Limit: \$1,000,000 Combined Single Limit Bodily Injury and Host Liquor Liability, \$500,000 Property Damage Liability.
Includes \$100,000 for Defense Costs for Sexual Misconduct, excluding overnight events (see below for purchase options).
Coverage provided is per event (not per claim). Submission of application does not bind coverage - all events are subject to approval.

Coverage underwritten by **Nationwide Mutual Insurance Company**; Policy No. on file with C.M.G. Agency, Inc.

Cost of Coverage: \$95 Per Event (Overnight Stays - \$125)

TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE THAT EVERY FIELD IS COMPLETED.

Name of Parish or Institution: _____

Date of Event: _____

Street (Physical) Address (NO P.O. BOXES): _____

Type of Special Event (Example: wedding reception, anniv. party, etc. If it's a FUNDRAISER, be specific about what is occurring):

City/State: _____ **ZIP Code:** _____

Phone No.: _____

Time of Event: From _____ To _____

Lessee (Additional Insured) Information:
Name of Sponsoring Organization or Individual Requesting Coverage

Is this an overnight event? _____ Yes _____ No

(Please Print Lessee Name(s) or Organization)

Approx. Number of Participants: _____

Lessee (Additional Insured) Contact Person:

Is Food Being Served? _____ Yes _____ No

Name: _____

Is Liquor Being Served? _____ Yes _____ No

Street Address: _____

####

City/State: _____ **ZIP Code:** _____

Telephone: _____

To receive approval notification please print e-mail(s):
(Please Print E-mail(s) Clearly)

To Note: If liquor liability coverage is NOT purchased and an alcohol related claim results, the claim will be excluded if it is determined that a liquor liability policy should have been purchased.

cmallett@dol-in.org
spchurch@localline.com

DEFENSE COSTS FOR SEXUAL MISCONDUCT FOR OVERNIGHT EVENTS - \$100,000 LIMIT
Coverage does not automatically apply for overnight events, however, you have the option to purchase this coverage by separate application. Additional charge may apply.
Do you want to apply for this coverage? _____ Yes _____ No

- COVERAGE DOES NOT APPLY TO CERTAIN EVENTS, SUCH AS, BUT NOT LIMITED TO:**
- Any carnival event
 - Fireworks & fireworks displays
 - Events involving 'BYOB' (Bring your own bottle)
 - Events involving pool or lake activities
 - Events involving recreational vehicles
 - Events with attendance of more than 1,000 persons
 - Rap/Hip-Hop/Alternative music (non-religious bands)
 - Events organized or operated by professional promoters/performers
 - Organized sporting events, including tournaments & camps (some sporting activities are allowed and must be pre-approved).
 - Events where a fee or admission is charged, unless all proceeds go to charity
 - Political Rallies
 - Amusement rides, including mechanically operated devices, trampolines, & rebounding devices

- ADDITIONAL CHARGES WILL APPLY FOR:**
- Events which exceed 3 days in duration (charge TBD)
 - Inflatable Amusement Device (A charge of \$100 per device applies. Must be pre-approved, picture required.)

**MAKE CHECK PAYABLE TO:
DIOCESE OF LAFAYETTE, INDIANA**

**RETURN WITH FORM TO:
C/O CAROL MALLETT
PASTORAL OFFICE FOR
ADMINISTRATION
P.O. BOX 260
LAFAYETTE, IN 47902**