

**CHIPPEWA VALLEY TECHNICAL COLLEGE**

**620 West Clairemont Avenue  
Eau Claire, WI 54701-6162**

**2010-11**

(July 1, 2010 – June 30, 2011)

**APPLICATION**

The undersigned hereby applies for use of rooms and/or buildings/facilities below indicated and agrees to pay the rental rate where stated and such service charged for personnel as are indicated or may occur. It is understood a hold harmless agreement is a prerequisite for application approval.

It is certified by the undersigned that purpose of use for which this application is requested is consistent with the facility design and intended utilization. It is agreed that while being used by the undersigned, proper control will be maintained over the building and any persons who may be therein. It is agreed that any damage beyond normal wear and tear while being used for the purpose requested will be the liability of the undersigned.

**HOLD HARMLESS CLAUSE**

For and in consideration of being granted permission to utilize the facilities described below, the

(User Group) \_\_\_\_\_  
does, except with respect to acts of intentional or gross negligence which give rise to claims of personal injury or property damage committed by Chippewa Valley Technical College, its representatives, employees or agents in the performance of the work hereunder, hereby indemnify, defend, and save harmless, the Chippewa Valley Technical College District (District) and its officers, employees, and agents from and against all loss or expense (including costs and attorney’s fees) by reason of vicarious liability imposed by law upon the District, its officers, employees, and agents for damages because of bodily injury, including death, at any time resulting therefrom, sustained by any person or persons or on account of damages to property, including loss of use thereof, in relation to the use of said facilities by the User Group. Nothing herein shall constitute a waiver by the User Group of sovereign immunity or consent to be sued by any third party in a tort action.

Building and rooms desired: \_\_\_\_\_

Date(s) desired (or enter “entire year of 20xx”): \_\_\_\_\_ Time: \_\_\_\_\_

Purpose of use: \_\_\_\_\_

Will there be an admission charge? \_\_\_\_\_

Bill to (organization): \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of group representative: \_\_\_\_\_

Fax completed form to:  
Scheduling Office at 715-833-6470  
Attn: Kim Vollmer, Lisa Waller