

**ROOSEVELT TOWNSHIP**  
**TOWN HALL USE AGREEMENT**

Date of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

State: \_\_\_\_\_, Zip: \_\_\_\_\_

Time of Use: Starting: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Approximate Number of Participants/Guests: (Maximum – 65) \_\_\_\_\_

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\_\_\_\_\_ (X) I have read and agree to the terms and conditions of the Roosevelt Township Hall Use Policy and understand that I am fully responsible for the event.

**HOLD HARMLESS AGREEMENT:**

I understand that my use of the Town Hall facilities is voluntary and that I am using it for my benefit only. I agree that my use of the Town Hall facilities is taken at my own risk and that the Township of Roosevelt will not be liable for any claims, injuries, damages of whatever nature incurred by me, my guests, or members of my organization due to the negligence of me, my guests, members of my organization, or the negligence of third parties. On behalf of myself and/or the organization that I represent, I expressly forever release and discharge the Township, its agents or employees, from any such claims, injuries, or damages. I also agree to defend, indemnify and hold harmless the Township from any claims, injuries, or damages of whatever nature arising out of or connected with my use of the Town Hall facilities. I also agree to reimburse the Township if such damage, breakage, or clean-up costs arise out of or due to my use of the Town Hall facilities.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return this form to:

Breanna Cielinski  
Township Clerk  
24063 County Road 2  
Brainerd, MN 56401

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**TOWN USE ONLY**

Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
Town Clerk

Confirmation Date \_\_\_\_\_ CODE: \_\_\_\_\_