



**MEMORIAL HOSPITAL FOUNDATION OF CASS COUNTY, INC.  
AND LOGANSPORT MEMORIAL HOSPITAL  
APPLICATION AND AGREEMENT FOR USE OF FACILITIES**

Name of Organization  
(“Applicant”): \_\_\_\_\_

Facilities Desired:  
(the “ RBT”): \_\_\_\_\_

Date of Facility Usage: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose of Program: \_\_\_\_\_

Special Need or Requirement: \_\_\_\_\_

Applicant has requested to use Facilities owned by and/or in the possession of Memorial Hospital Foundation of Cass County, Inc. (LMHF”) and/or Logansport Memorial Hospital (“LMH”). In consideration of the approval of this application, Applicant agrees that Applicant’s use of the Facilities shall be in accordance with the following terms, conditions and provisions.

1. Prior to using the Facilities, Applicant shall deliver, to LMHF and LMH, a certificate evidencing that LMHF and LMH have been listed as additional insured on a policy insuring Applicant against all personal injuries and property damages which relate to or arise out of the use of the Facilities, having a coverage limit of not less than \$1 million per occurrence.
2. Applicant agrees to indemnify and hold harmless LMHF and LMH, and their respective employees, directors, trustees, representatives, agents, successors and assigns, from any all liability whatsoever for any personal injuries or property damages which relate to or arise out of Applicant’s use of the Facilities.
3. Applicant agrees that it shall be liable to LMHF and LMH for all damages to the facilities, which relate to or arise out of Applicant’s use of the Facilities.
4. Applicant agrees that it will not use any type of paint (permanent or temporary) on the grounds of the facilities.
5. Applicant agrees that Applicant’s use of the Facilities shall conform to all policies implemented by LMHF and LMH with respect to the use of the Facilities.
6. Applicant agrees that LMHF and LMH may at any time, and without cause or liability to Applicant therefore, revoke the approval of this application and withdraw any prior consent given to Applicant to use the Facilities.
7. The person or persons signing this application for Applicant represent and warrant that they have authority to do so, and that the provisions of this application, upon the approval of LMHF and/or LMH, will be legally binding upon Applicant, in accordance with the terms, conditions and provisions herein.

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

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Approved by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

10/2016