

# FAITH LUTHERAN CHURCH

224 Benton Street ~ Leavenworth, WA 98826

509-548-7010

## FACILITY USE AGREEMENT

Date of Application: \_\_\_\_\_ Date(s) of facility use: \_\_\_\_\_

Group or Individual making request: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### General Information

Describe **in detail** the purpose of facility use: \_\_\_\_\_

### **DATE & TIME REQUESTED** (include time for set up and clean up)

Date(s) \_\_\_\_\_ End date: \_\_\_\_\_ (long term rental)

Which day of the week:  Mon  Tue  Wed  Thurs  Fri  Sat  Sun

FROM \_\_\_\_\_ am pm TO \_\_\_\_\_ am pm

Frequency:  One Time Only  Weekly  Monthly  Other: \_\_\_\_\_

### **Facilities Requested:**

\_\_\_ Sanctuary  with or  without piano/organ or sound system

\_\_\_ Fellowship Hall (large group meeting room) `

\_\_\_ Kitchen

\_\_\_ Other (list: \_\_\_\_\_)

Anticipated Number of Participants: \_\_\_\_\_ Will food or drink be consumed?  Yes  No

### Special Equipment Needs or Requests:

\_\_\_ Tables: # \_\_\_\_\_

\_\_\_ Chairs: # \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

*I hereby agree to the Facility Use Agreement and I understand that the Church reserves the right to cancel permission for use of the facility at any time, for any reason. Please initial the back of this agreement form beside each item.*

**Contact Person Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Facility Use Agreement – *Please initial each statement*

- \_\_\_\_\_ The person described as the Contact Person signing this agreement shall be held accountable for the facility use authorized and shall be held liable for any costs to Faith Lutheran Church for necessary maintenance or repairs due to damage arising from the improper or negligent use of said facility.
- \_\_\_\_\_ Smoking and drinking alcoholic beverages is prohibited.
- \_\_\_\_\_ Under no circumstances shall the authorized party, using FLC facilities, arbitrarily use other facilities not specifically requested and authorized on this agreement.
- \_\_\_\_\_ The use of the facility shall be limited to those dates and area requested and approved.
- \_\_\_\_\_ It shall also be agreed that FLC shall not be responsible for accidents, injuries, or the theft of personal property incurred by those parties authorized to use the facilities.
- \_\_\_\_\_ All equipment used must be cleaned and returned to its original location.
- \_\_\_\_\_ All kitchen utensils and appliances used will be left clean and no food will be left behind.
- \_\_\_\_\_ All rooms should be cleaned up as appropriate including floors. The rooms should be left set up for regular church use.
- \_\_\_\_\_ The outside grounds will be left in a neat an orderly manner as originally found.
- \_\_\_\_\_ You are responsible to supply all paper products (plates, cups, utensils, tablecloths, etc).

## HOLD HARMLESS AGREEMENT

- ✚ I hereby certify that I am an authorized representative of the Group or individual named above.
- ✚ I have read and agree to be bound by the regulations and policies of this agreement. I understand that violation of any of these agreements may jeopardize further use of the facility, and result in immediate termination of event.
- ✚ I (and the organization I represent) agree to indemnify, defend and hold harmless Faith Lutheran Church and their staff, Council members, and members from and against any and all claims, damages, losses and expenses, including legal fees arising from or in connection with activities during the term of the facility use agreement.
- ✚ The church agrees to promptly consider your application for approval. Faith Lutheran Church reserves the right to refuse the use of all facilities for activities we deem inappropriate.

ACCEPTANCE OF RESPONSIBILITY I/We agree to be responsible for the conduct of those coming to or participating in the activity for which this application is being made, and for any damage beyond normal wear and tear which may occur as a result of this activity. I/We will remove all signs posted by my/our group after the meeting has ended.

Contact Person Signature \_\_\_\_\_ Dated \_\_\_\_\_

Name printed \_\_\_\_\_

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### To Be Completed by Church Office if needed;

Church representative Signature: \_\_\_\_\_ Dated \_\_\_\_\_

Donation received: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Date received: \_\_\_\_\_

Recorded on Church Calendar: \_\_\_\_\_