

# West Central Rensselaer County Lutheran Parish

## Building Use Application Form

We are happy to share use of our church facility for functions of our church or the local community. In order to assure such arrangements are successful, we ask you to complete this brief application (including liability waiver form) which will be submitted to our Trustee's / Executive Committee for review. All events or building uses not part of our regular congregational activities need to follow this process for three reasons: first to ensure events occurring at our church are consistent with the mission and policies of West Central Rensselaer County Lutheran Parish, second to ensure coordinated scheduling and avoid scheduling conflicts and third, to ensure both the applicant submitting this document and the provider (West Central Rensselaer County Lutheran Parish) understand their responsibilities for such events. In addition to the standard waiver of liability, we require any user of our facilities to provide proof of appropriate insurance, naming West Central Rensselaer County Lutheran Parish as a co-insured party. If you are interested in using our facility on an ongoing or regular basis please note this on your application and we will contact you for any additional information. Arrangements for the use of our facility on a regular basis will be reviewed annually. The completed application and waiver can be mailed to us or submitted via Email to [President@sttlc.org](mailto:President@sttlc.org).

Agreed amount of donation; \_\_\_\_\_ 4hrs – recommended 75.00

Application Date: \_\_\_\_\_, 20\_\_\_\_

Name of Group/Requestor: \_\_\_\_\_

Contact Person for Group: \_\_\_\_\_

Email Address/Daytime/Cell Phone of Contact Person: \_\_\_\_\_

Purpose/Description of the Function or Event: \_\_\_\_\_  
\_\_\_\_\_

Date(s) Requested for Use: \_\_\_\_\_ Estimated Time

and Duration of Use: \_\_\_\_\_ Estimated Number of

Attendees: \_\_\_\_\_

Space Needed: \_\_\_\_\_ Kitchen \_\_\_\_\_

Classroom Next to Kitchen \_\_\_\_\_ Sanctuary \_\_\_\_\_ Classroom at Rear of Building

Special Needs: \_\_\_\_\_

Are you a member of The Parish's? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Person Responsible: \_\_\_\_\_

(I agree to all building use policies of The Parish Release and Waiver of Liability)

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Approved by Council: \_\_\_\_\_ Date: \_\_\_\_\_

# West Central Rensselaer County Lutheran Parish

## Building Use Policy

### RELEASE AND WAIVER OF LIABILITY

Please read carefully

I, \_\_\_\_\_, being a participant of the \_\_\_\_\_ hereby freely and voluntarily, without duress, execute this Release and Waiver of Liability Form under the following terms.

**Waiver and Release.** I hereby release and forever discharge and hold harmless West Central Rensselaer County Lutheran Parish, here by known as The Parish and its success or sand assigns, from any and all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may here after a rise from my being present at The Parish and its property.

I understand and acknowledge that this Release discharges The Parish from any liability or claim that I may have against The Parish with respect to any bodily or other injury, illness, death or property damage that may result from my being present at The Parish. I also understand that The Parish does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness death, or property damage.

**Insurance.** I understand that except as otherwise agreed in writing, The Parish does not carry or maintain health, medical, disability, damage, liability, or other insurance coverage for the benefit of any person and expressly disclaims the responsibility or obligation to do so. I am expected and encouraged by The Parish to maintain medical, health, and all other applicable insurance coverage for my own benefit.

**Medical Treatment.** I hereby release and forever discharge The Parish from any and all claims, demands and causes of action what so ever that may arise or may here after arise on account of any first aid or other medical treatment rendered on the premises of The Parish.

**Assumption of Risk.** I understand that my presence at The Parish for whatever purpose and/or any projects, activities or events sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with The Parish may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release The Parish from all liability for injury, illness, death and/or property damage that may result.

**Use of Alcohol.** The use of alcohol is prohibited.

**Cleaning Policy.** The facilities will be broom clean and furniture, etc. returned to its original position; trash and recyclable items will be placed in appropriate containers.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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

Contact Phone Number: \_\_\_\_\_