

Application for Private Use of Mount Hope Lutheran Church Facilities

Organization Name: _____

Type of Event or Meeting: _____

Event or meeting date: _____

Event or meeting start time: _____ am/pm

Event or meeting end time: _____ am/pm

Set up date (typically same day): _____ Set up time: _____ am/pm

Cleanup end time (same day as event/meeting): _____ am/pm

Room Requested _____

(Please refer to Policy and Procedure form for applicable suggested donation and security deposit amounts)

Size of group/number of guests: _____

Kitchen Use: Yes _____ No _____ Catered _____ Self-Catered _____

Name of Caterer: _____ Phone: _____

*(Please refer to **Kitchen Rules** on the Policy and Procedures form)*

Equipment and furnishings needed (tables, chairs, A/V, sound, projector, etc.):

Contact name: _____

Contact address: _____

Contact email: _____ Contact phone #: _____

Alternate Contact: _____ Phone: _____

In signing this application, I agree to abide by its terms and the terms in the Policies and Procedures for Occasional Private Use of Mount Hope Lutheran Church Facilities form. I hereby absolve and hold harmless the Congregation and its employees from any liability for injuries and damages sustained at Mount Hope. I further provide that this consent and waiver applies to my heirs, executors or assignees.

Signature _____ Date _____

Office use only: Approved by: _____ Date: _____ Custodian: _____ A/V Tech: _____ Donation Amt./Rec'd.: _____
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Release & Indemnification Agreement
Mt. Hope Lutheran Church

This Release and Indemnification Agreement is between _____
(organization or individual) and Mt. Hope Lutheran Church, West Allis, Wisconsin. In consideration of Mt. Hope permitting me/us to use Mt. Hope facilities or property, I/we agree(s) as follows:

1. I/We have requested the use of Mt. Hope facilities or property, have inspected them to my/our satisfaction, and find them to be suitable for my/our intended use(s).
2. I/We understand that it is my/our responsibility to provide liability insurance as appropriate for my/our use of Mt. Hope facilities or property.
3. I/We assume all liability for, and indemnify, hold harmless, release, and discharge Mt. Hope and its pastors, administrators, officers, agents, members, volunteers, and employees, from any and all past, present or future actions, causes of action, demands, claims, damages, losses, costs, expenses, and other compensation of any kind and nature (including injury, property damage or other loss) arising out of my/our use of Mt. Hope facilities or property, whether arising through negligence, intentional acts or omissions, or in any other manner.
4. I/We agree that this Release and Indemnification Agreement applies to and binds my/our heirs, executors, assignees, and all those who enter Mt. Hope facilities or property as my/our invitees.
5. I/We agree to abide by Mt. Hope's "Policies and Procedures for Occasional Private Use of Mt. Hope Lutheran Church Facilities" (a copy of which has been made available to me/us).
6. I/We agree that I/we are solely responsible for screening, selecting, training, and monitoring those who attend, participate in, supervise, chaperone, staff, work at, or volunteer in connection with my/our use of Mt. Hope facilities or property. I/we are solely liable for the acts of such persons on or about Mt. Hope facilities or property. I/we agree to obtain whatever background checks, waivers, releases or consents (parental, medical or otherwise) I/we believe are appropriate for such persons. I/we agree to report suspected, threatened or actual abuse, neglect or mistreatment of a child or vulnerable adult, as may be warranted under applicable law or Mt. Hope's "Safe Haven for Children, Youth & Vulnerable Adults Safety & Abuse Policy" (a copy of which has been made available to me/us).

I UNDERSTAND THAT SIGNING THIS AGREEMENT MAY PRECLUDE ME AND ANYONE IN MY GROUP FROM MAKING ANY CLAIMS AGAINST THE CHURCH, STAFF, AND MEMBERS. READ CAREFULLY BEFORE SIGNING.

Organization Name: _____

Contact Name: _____

Contact Signature: _____

Title: _____

Date: _____