

**Community United Methodist Church  
3487 Route 130, Irwin, PA 15642**

**FACILITY USE AGREEMENT**

OUR GROUP \_\_\_\_\_ is interested in using on a temporary basis the \_\_\_\_\_ at Community United Methodist Church on the dates listed.

Our organization is releasing Community United Methodist Church from any and all liabilities related to the use of the facilities and has provided indemnification to the Church.

Community United Methodist Church, its members, officers, employees, and agents are not responsible for any liability, damages, or injuries to any person or property relating to or resulting from our use of the facilities provided to us.

We agree to hold harmless and indemnify Community United Methodist Church, its members, officers, employees, and agents from and against all claims, losses, liabilities, damages, cost, and expense (including reasonable attorney's fees) resulting from or relating to the use of the facilities.

We accept the facilities on an "as is" basis and we will be responsible for the care of the facilities during the scheduled time of use. We also agree to conform to the POLICY GOVERNING USE OF CHURCH PROPERTY and the recreational activities policies and acknowledge our receipt of a copy of both policies.

We are also aware of the safe sanctuary policies requiring 2 adults be present with children and youth programs. Both adults must be age 21 or older and a minimum of 5 years older than the oldest youth participant. These adults have Act 34 and/or Act 151 state clearances or the equivalent national clearances. In addition it is recommended that the least 1 adult be a parent of a youth participant.

Our organization has purchased and maintains insurance policies, which provide coverage to the Community United Methodist Church requirements of indemnification. We certify that the insurance policies are paid and current and will be maintained through the dates, which have been requested. A current certificate of insurance (COI) is enclosed.

We acknowledge that any and all contributions will be payable as follows:

Long Term Use: The first two sessions are to be paid in advance. The balance shall be due before the start of the third session.

For One Time Use: Payment must be made within fourteen days (14) of notification of request approval.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

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

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

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

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