

Christian Church (Disciples of Christ) of Woodland
509 College Street Woodland, California 95696
Phone: (530) 662-9356 FAX: (530) 662-0401 Website: www.christianchurchofwoodland.com

FACILITY USE RESERVATION FORM AND USE AGREEMENT

Please Print

Organization or Group: _____ Phone: _____

Date and Day Requested: _____ Time: From _____ to _____

Person Making the Reservation: _____ Phone: _____ Email: _____

Address of Organization or Person Making the Reservation: _____

City: _____ State: _____ Zip: _____

Description of Planned Activity: _____

Name & Phone of Person Responsible for Set-Up/Clean-Up/Supervision of this of the Planned Activity: _____

SPACE NEEDS / REQUESTED RENTAL USE:

- | | |
|---|---|
| <input type="checkbox"/> Small Conference Room A: \$15/hr or \$50/day or \$200/week | <input type="checkbox"/> Sanctuary**: See Special Use Restrictions / Fee Schedule |
| <input type="checkbox"/> Small Conference Room B: \$15/hr or \$50/day or \$200/week | <input type="checkbox"/> Small Chapel**: TBD – available upon Special Request |
| <input type="checkbox"/> Small Conference Room C: \$15/hr or \$50/day or \$200/week | <input type="checkbox"/> Library: \$50/hr or \$150/day or \$400/week. |
| <input type="checkbox"/> Parker Hall*: See Special Use Restrictions / Fee Schedule | <input type="checkbox"/> Patio Area/Courtyard**: \$75/three hrs or \$150/day. |

* A Special Security / Cleaning Deposit may apply, payable at time of Reservation; check will held and is refundable if the space is left clean & there is no damage: \$250. In addition, a fully refundable key fee will be charged for users extending into the late afternoon, evening, or weekend periods.

** Use and purpose must be approved by Pastor and/or by the Church Board of Directors (an electronic vote may be taken for this purpose).

Special NOTE: The kitchen attached to Parker Hall is available under special policy provisions. Please advise staff at time of request if interested.

CERTIFICATION OF USE POLICY COMPLIANCE AND LIABILITY RELEASE:

The undersigned, duly authorized representative for _____, does hereby accept and agrees to comply with any and all provisions and declarations of the Christian Church (Disciples of Christ) of Woodland Rental Use Policy, and does furthermore agree and understand that the Rental Use Policy is an incorporated part of this Reservation, and any use of the premises.

- I have been given a copy of the Rental Use Policy as part of this Reservation request. _____

Furthermore, by signing below, I hereby certify that the organization and individual signing this document will be liable for any damage sustained to the Church premises, furniture, equipment or permanent fixtures because of rental occupancy of the Church premises by the organization and/or individual making this request. By signing this Reservation Form, the undersigned agrees to reimburse the Church for any damages or losses caused by the organization or individual's use and also agrees to enforce the provisions of the Rental Use Policy in the use of these premises.

And, in addition, by signing below, I hereby certify that the organization and/or individual renting space does further agree to indemnify and hold the Christian Church (Disciples of Christ) of Woodland harmless from any loss or claim by reason of personal injury to, or damage to property, suffered by any person on or about the Church property that arises out of negligence of the Christian Church (Disciples of Christ) of Woodland, the joint negligence of the organization/individual and the Church, or the negligence of the organization or individual pursuant to this rental use.

It is understood that the Church, at its discretion and choosing, may ask to be named insured on the endorsement of organization's liability insurance policy for continuing activities or may request a special events insurance policy for single activities, and that such request is at the church's sole option and discretion.

Print Name of Authorized Representative Signing this Agreement: _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Use Confirmed: Yes No By: _____ Put on Master Calendar: Yes _____

Date Received by Staff: _____ Date Rental Fees Paid: _____ Payment Type: _____

Rental Fees Paid: _____ Amt. of Cleaning / Security Fees and Deposits Paid: _____

Payments Notes:

KEYS:

Keys Picked Up: _____ Key Number: _____ Key Returned: Yes No _____
User's Signature Staff Initial

POLICY COPIES / CUSTODIAN NOTIFICATION:

Policy Provided by: _____ Custodian / Monitor/ Other Notifications: _____

OTHER NOTES: