



# First United Methodist Church

222 West 7<sup>th</sup> Street  
Columbia, Tennessee 38401  
Phone: (931) 388-3306 Fax: (931) 388-3316  
Email: Info@columbiafumc.org  
www.columbiafumc.org

## REQUEST FOR USE OF CHURCH FACILITIES

**Church Related Event** \_\_\_\_\_ **Non-Church Related Event** \_\_\_\_\_ **Wedding** \_\_\_\_\_

Today's Date: \_\_\_\_\_ Day and Date of Event: \_\_\_\_\_

Event Name: \_\_\_\_\_

Actual Time Event Begins: \_\_\_\_\_ Aprox. End time of Event: \_\_\_\_\_

Time Facility Will Be Used: From: \_\_\_\_\_ To: \_\_\_\_\_

Standing Request: Every \_\_\_\_\_ Until \_\_\_\_\_

Group Requesting Facility: \_\_\_\_\_ Purpose: \_\_\_\_\_

Name of Responsible Individual(s) \_\_\_\_\_

Email: \_\_\_\_\_ Approx. No. of Attendees: \_\_\_\_\_

Day/Work Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Resource Requested:

**Please check all of the following that apply**

- |  |   |                                     |                                 |
|--|---|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Meeting Room    | <input type="checkbox"/> Annex Building | <input type="checkbox"/> Choir Room | <input type="checkbox"/> Chapel |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Tables         | <input type="checkbox"/> Chairs     | <input type="checkbox"/> Bus    |

***(If you are requesting usage of the following someone will be contacting you.)***

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Children Attending | <input type="checkbox"/> Kitchen Usage: | <input type="checkbox"/> Sanctuary: | <input type="checkbox"/> Audio / Visual Equipment: |
|---|---|-------------------------------------|--|

*(If children under 18 are attending your Event please check the above box to help us comply with our safe Sanctuary Policy.)*

**If other than standard room setup is required please fill out the Room Setup Request form.**

**Acceptance of Responsibility and Compliance:**

**Covenant:** The person or group using the facilities agrees that upon completion of their usage, they will return the facility in a like condition, including necessary cleanup and furniture arrangement. Any damages will be addressed separately. In addition said person or groups agree to comply with the "Building Use Policy" as it relates to their activity. I further agree to receive instruction on the proper care of the facilities and equipment, to abide by and enforce all rules and regulations of First United Methodist Church and to leave the property in a clean and orderly condition. I further understand that I am accepting responsibility for the repair and any and all damages.

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

**For Office Use Only**

Approved:  Yes  No Not Approved Reason: \_\_\_\_\_

Deposit: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Received By: \_\_\_\_\_

Authorized Signature of Program Staff member: \_\_\_\_\_ Date \_\_\_\_\_

Request for use form 11-29-11

**Please complete and print this form then return to the church office so we may schedule your event.**



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## RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to use the facilities of Columbia First United Methodist Church (the "Property"), I hereby execute this Release and Waiver of Liability ("Release") and assume full and complete responsibility for any injury, accident, illness, medical expenses or loss of property that may occur while I am on the Property and relinquish any and all rights I have now or may have in the future against CFUMC, its employees, members or agents (collectively, the "Church"), arising out of or related to my utilization of the Property. I do hereby, voluntarily and without duress, execute this Release under the following terms:

1. **Waiver and Release.** I do hereby waive, covenant not to sue, release and forever discharge, indemnify and hold harmless the Church from any and all liability, claims, fines, suits, orders, actions, damages, costs and/or expenses and demands of whatever kind or nature, either in law or in equity, that I may have against the Church arising out of or in any way connected with or related to my presence at or participation in activities arising from my utilization of the Property. I understand that this Release discharges the Church from any and all liability or claims that I may have against the Church with respect to any bodily injury, personal injury, illness, medical expenses, death, property damages or consequential expenses or losses that may result from my utilization of the Property, whether caused by the negligence, the action or inaction of the Church.
2. **Assumption of the Risk.** I am aware of and expressly and specifically assume all risks associated with my participation in the activities on the Property.
3. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
4. **Execution.** I execute this Release for full, adequate and complete consideration fully intending to be bound by same. I further understand that if I am a minor, this release and waiver must be signed by a parent or guardian. If I am that parent or guardian of a minor, I understand that by signing this waiver of liability I, and the minor whose behalf I am signing, are bound by its terms. If signing on behalf of an entity or group, I represent that I am duly authorized to execute this Release on behalf of the entity or group I represent.

Signature \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_  
(If Participant is a minor)

Name \_\_\_\_\_  
(Printed)

Parent or Guardian's Name \_\_\_\_\_  
(Printed- If Participant is a minor)

Date \_\_\_\_\_

Authorized Signature by Program Staff Member \_\_\_\_\_

Date \_\_\_\_\_