



FRANKLIN CHURCH OF CHRIST

Facility Use Application
Facility Use Liability Release Agreement



FRANKLIN CHURCH OF CHRIST
700 South Main Street, Franklin, Kentucky 42134

Adopted January 2018

**FRANKLIN CHURCH OF CHRIST – FRANKLIN, KENTUCKY
FACILITY USE APPLICATION**

To ensure that the dates and times you request get entered into the scheduled calendar of events free of conflicting activities, we ask that you please complete the forms and return them to the church office. Your request will be reviewed and you will be contacted when this is approved by the elders or designee.

All dates and times reserved must include a contact person and phone number of who can be contacted if a change needs to be made and who agrees to be responsible for the proper usage and maintenance of the church.

We appreciate your cooperation in this regard.

By signing below, I have read and agree with all the attachments in this package. I will personally see that the guidelines which have been posted and otherwise provided to me for the use of the facilities at Franklin Church of Christ are followed:

Signature: _____

Contact Information

First Name	Middle Name	Last Name
Are you a member of the Franklin Church of Christ congregation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a member of another church of Christ congregation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Your Mailing Address:		
Street _____		
City _____	State _____	Zip Code _____
Home Phone: _____		Cell Phone: _____
E-mail Address: _____		

Are you requesting to use our facilities on behalf of a group/organization?

Yes No If yes, please provide:

Name and/or description of the group: _____

Purpose/mission of the group: _____

Name(s) of group leaders: _____

Event Information (birthday party, anniversary, etc.):

What date(s) and time(s) are you requesting to use the facilities?

From _____ at _____ To _____ at _____
(month, day, year) (00:00 am/pm) (month, day, year) (00:00 am/pm)

Type of Event (i.e. birthday party, anniversary, etc.): _____

Number of people anticipated at the event: 1-25 26-50 51-75 75-100 101+ _____

Specific facilities and/or room(s) to be used: _____

Briefly describe all purposes for which you wish to use the facilities: _____

Special needs: Tables: Yes No If so, how many? _____ Audio: Yes No

Chairs: Yes No If so, how many? _____ Video: Yes No

Other: _____

Wedding Information (decorating, rehearsal, wedding, and/or reception):

What date(s) and time(s) are you requesting to use the facilities?

From _____ at _____ To _____ at _____
(month, day, year) (00:00 am/pm) (month, day, year) (00:00 am/pm)

Date of Rehearsal: _____ Time: _____

Rehearsal Dinner Yes No If so, what time? _____

Date of Wedding: _____ Time: _____

Date of Reception: _____ Time: _____

Number of people anticipated at the event: 1-25 26-50 51-75 75-100 101+ _____

Specific facilities and/or room(s) to be used: _____

Briefly describe all purposes for which you wish to use the facilities: _____

Special needs: Tables: Yes No If so, how many? _____ Audio: Yes No

Chairs: Yes No If so, how many? _____ Video: Yes No

Other: _____

Wedding Information (if applicable)

Please provide the following information about the wedding party:

	Name	Phone #	Email
Bride:	_____	_____	_____
Groom:	_____	_____	_____
Parent:	_____	_____	_____
Officiant:	_____	_____	_____

Is the officiant a regular minister or elder at a faithful congregation of the church of Christ?	Yes __ No __
<p>If yes, please identify the congregation: _____</p> <p>If no, please list the congregation of affiliation: _____</p>	
Is the bride, groom, parent, or family member reserving the facilities a member in good standing at the Franklin church of Christ?	Bride Yes __ No __ Groom Yes __ No __ Parent Yes __ No __ Member Yes __ No __
<p>If former members, please give the dates attended: _____ to _____</p>	
Is the bride or groom a member in good standing at another congregation of the church of Christ?	Bride Yes __ No __ Groom Yes __ No __
<p>If yes, please identify the congregation: _____</p>	
Is the couple planning to complete premarital counseling?	Yes __ No __
<p>If Yes, please identify the counselor: _____</p> <p>Expected date of completion: _____</p>	
If No, are you willing to complete premarital counseling before the wedding with one of our ministers?	Yes __ No __

**FRANKLIN CHURCH OF CHRIST – FRANKLIN, KENTUCKY
FACILITY USE LIABILITY RELEASE AGREEMENT**

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

I hereby certify that, to the best of my knowledge, the information I am submitting is true and complete without evasion or misrepresentation. I understand if it is later found out otherwise, it is sufficient cause to reject my application and/or terminate my reservation.

If my application is approved, I agree to abide by all the Church's present and future rules and regulations including, but not limited to, the general guidelines and use restrictions stated in the Facility Use Policy (a copy of which I hereby acknowledge I have received, read, understand and agree to abide by).

I agree that any failure to adhere to these rules and regulations may result in the termination of all facility use privileges and the removal of me, my group, and/or any person in my group without notice, including after initial approval or during the event.

I also agree to notify the Church's eldership or its designee immediately of any knowledge or suspicion that the Church's facilities are being utilized in a manner inconsistent with my stated purposes for using the facility, the Church's beliefs or teachings, or the Church's Facility Use Policy.

I agree that I am personally responsible for the cost for cleanup and any damages to the Church's facilities resulting from use.

I also agree that any permission granted to me or my group to utilize the Church's facilities will not be transferred or passed to any alternative individual or group without the express written permission of the Church's elders.

I HEREBY CERTIFY THAT I HAVE INSPECTED THE FACILITY TO BE USED AND HAVE INDEPENDENTLY DETERMINED THAT IT IS SUITABLE AND SAFE FOR ALL INTENDED PURPOSES AND I AGREE TO RELEASE, PROTECT, DEFEND, INDEMNIFY AND HOLD HARMLESS THE CHURCH AND ITS ELDERS, TRUSTEES, OFFICERS, MINISTERS, DEACONS, EMPLOYEES, MEMBERS AND OTHER REPRESENTATIVES OR DESIGNEES FROM AND AGAINST ANY AND ALL CLAIMS, LIABILITIES, LOSSES, DAMAGES, ACTIONS, COSTS AND EXPENSES (INCLUDING, WITHOUT LIMITATION, REASONABLE ATTORNEY'S FEES AND OTHER LEGAL COSTS) DIRECTLY OR INDIRECTLY ARISING OUT OF THE USE OF ANY CHURCH FACILITIES OR PROPERTY.

Applicant Signature

Date signed

Applicant Printed Name

Title

TO BE COMPLETED BY THE ELDERS OR THEIR DESIGNEE:

The undersigned, on behalf of and by the authority of the elders (or their designee) of the Franklin Church of Christ (700 South Main Street, Franklin, Kentucky 42134)

Do hereby **approve** / **not approve** (circle one) the facility use application of _____ on this the ___ day of _____, 20___, subject to all the terms and conditions set forth in the Facility Use Policy, Application and Agreement as well as any special conditions listed below.

Signature

Date approved

Printed Name

Title

SPECIAL CONDITIONS: Yes ___ No ___

