

# TRINITY EPISCOPAL CHURCH

111 S. Grant St.

Bloomington, IN 47401

## Building Use Agreement

The undersigned, an authorized representative of \_\_\_\_\_  
("the User Group") has requested use of the facilities at Trinity Episcopal Church. On behalf of the User Group, the undersigned agrees to the following terms and conditions in exchange for use of the facilities:

1. The User Group and/or its representative(s) have received a copy of Trinity's Building Use Policy and agree to abide by all terms of this policy.
2. The presence of firearms (including but not limited to legally concealed weapons) on Trinity property is prohibited. (Revised by the Vestry 7-26-2016)
3. The User Group shall include Trinity Episcopal Church on their liability insurance policy for this event.
4. The User Group shall:  
Pay a fee of \$ \_\_\_\_\_  
Rooms to be used: \_\_\_\_\_  
Date and time of event(s): \_\_\_\_\_
5. Special arrangements:
6. The User Group shall be financially responsible for any repairs or special cleaning made necessary by its use of the space.
7. In consideration for use of the space, the User Group, its officers, members and invitees agree to release, hold harmless and indemnify Trinity Episcopal Church, its clergy, staff, officers, members, agents and assigns from any and all liability for loss that may occur as a result of the User Group's presence or activities on the church premises. This includes, but is not limited to, damage or loss of personal property and personal injury up to and including death of any person. Users are responsible for the health and safety of all individuals attending their event and for complying with any relevant city, county, state, federal or Trinity health requirements.
8. The User Group acknowledges that this agreement in no way implies Trinity Episcopal Church's sponsorship or approval of the User Group and its activities; it is strictly an agreement for facility use.
9. The User Group acknowledges they have sole responsibility for the safety and security of any minors present at Trinity for this event, including preparation and clean-up.
10. The User Group guarantees that adequate volunteers are present during the event(s) to ensure the safety of all participants and the facility.

**I agree to these terms on behalf of the User Group as its authorized representative.**

**Name & Position:** \_\_\_\_\_

**Cell phone & email:** \_\_\_\_\_

**User Group Address:** \_\_\_\_\_

**Backup Contact & Position:** \_\_\_\_\_

**Cell phone & email:** \_\_\_\_\_

## **Application for Use of Facilities at Trinity Episcopal Church**

**Name of Group** (or individual) \_\_\_\_\_

Primary Contact Person Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other) \_\_\_\_\_

Email address \_\_\_\_\_

Secondary Contact Person Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other) \_\_\_\_\_

Email address \_\_\_\_\_

*I am the contact person who will be supervising children.* Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Function or Activity \_\_\_\_\_

Room(s) requested or by preference:

1. \_\_\_\_\_

2. \_\_\_\_\_

Event Date \_\_\_\_\_ Day of the Week \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Anticipated number in attendance: \_\_\_\_\_

Is this a request for repeated/ongoing use? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please answer the following:

Beginning and end dates of use \_\_\_\_\_

~Or~

This is an ongoing use, but there is no specified end date \_\_\_\_\_ (renewal required in 6 months)

**Set-up or equipment needs** (please mark all that apply):

Equipment needed: \_\_\_\_\_

Theater style? \_\_\_\_\_ Number of chairs for theater style \_\_\_\_\_

Number of tables? \_\_\_\_\_ Number of chairs per table (8-10max) \_\_\_\_\_

Extra chairs needed? \_\_\_\_\_ How many? \_\_\_\_\_

**Great Hall only:** \_\_\_\_\_ Podium \_\_\_\_\_ Sound system

**Estimated hours for set-up** \_\_\_\_\_ x \$20.00 = \_\_\_\_\_ A/V equipment? \_\_\_\_\_ (add \$20.00)

Will there be food & beverages? \_\_\_\_\_ If yes, will it be catered? \_\_\_\_\_

(A deposit may be required if there will be food and beverages)

Additional notes for event needs: \_\_\_\_\_

**Fees:**

The agreed upon fee is \$ \_\_\_\_\_ Submitters initials \_\_\_\_\_



I acknowledge that the information listed above is correct and I agree to the terms of this policy.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

***Thank you for your request. We will provide the Primary Contact Person with a decision on this use at our earliest opportunity.***

**For Trinity's Use**

Approval Granted? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ Grantor: \_\_\_\_\_