

FIRST UNITED METHODIST CHURCH OF PINE MOUNTAIN FACILITY USE REQUEST FORM

Date of event: _____ Room(s) requested: _____

Time room(s) are needed: from _____ to _____

Purpose of the event: _____

Expected attendance: _____ Is there a fee charged: _____

Is this a church sponsored event (circle one): Yes No Church Ministry Area: _____

Person requesting room(s): _____

Phone Number: _____ Email address: _____

Special equipment needed: _____ Childcare needed (availability not guaranteed): _____

It is your responsibility to clean up after the event and return all furniture and equipment to the location it was in before the event and to ensure that the facility is locked and secure before leaving. The user is responsible for replacement and/or repair of damages caused by any member of its group. Groups must provide their own paper goods. Inflatable jump tents are not allowed for liability reasons. All Facility Use Fees must be paid in full to the Church Office at least one week prior to the scheduled event. The Pastor has discretion on waiving the fees and will advise the Church Treasurer and Administrative Assistant before adjusting them.

*******INFORMED CONSENT/RELEASE FROM LIABILITY*******

I, the undersigned, am requesting use of the First United Methodist Church of Pine Mountain facilities located in Pine Mountain, Georgia as the venue for our event. In consideration of being allowed to utilize the venue in the above-described activity/event, and in full recognition of the risks involved in such activity/event, which risks I voluntarily assume, I, the undersigned, hereby release the First United Methodist Church of Pine Mountain, and their respective agents, servants and employees, members and operating committees, officers and directors, (hereinafter referred to as "Releasees") and agree to hold Releasees harmless from any and all liability, claims, damages, actions, and causes of action whatsoever, for loss, damage, or injury to person, including death, and whether sustained by myself, property, or any other invitees participating in the above-described activity/event, regardless of how arising, and however caused including, but not limited to all kinds and degrees or extent of negligence (except willful or wanton misconduct), which Releasees may commit or be charged with, whether consisting of omission or commission, whether separately or concurrently with someone else, and sustained by me, or any other invitees participating, in connection, directly or indirectly, with the above-described activity/event. This release shall be binding upon me, my heirs, next of kin and legal representative and any other invitees, and their perspective heirs, next of kin, and legal representative, participating in the above-described activity/event.

Signature of person requesting room(s): _____ Date: _____

FACILITY USE FEE STRUCTURE

	Members	Non-Members
Refundable Deposit for Weddings	\$100	\$100
Use Fee for Sanctuary	\$300	\$500
Use Fee for FLC	\$100	\$200
Day Before Early Use	\$50	\$100
Internet Usage Fee	\$20	\$20
Chamber and Non Profit Groups	No fee/Trustee approval required	
For Profit Events	Not allowed	

CHURCH USE ONLY

Church sponsored events only require church office or pastor approval. All other events require Trustee approval.

This event has been approved and posted on the church calendar (circle one): Yes No

Reason event was not approved: _____

Building key needed (circle one): Yes No If yes, person responsible needs to sign Facilities Key Logbook

Custodian/Nursery Supervisor notified about special needs/childcare (circle one): Yes

No Facility Fee to be paid prior to event (circle one): Yes No Amount and date paid: _____

Church Office/Pastor/or Trustee Signature _____ Date _____

Revised March 2018