

# FACILITY USE APPLICATION

First United Methodist Church 1376 Olive Street Eugene, OR 97401

Office: 541-345-8764 Fax: 541-485-5025

**Please fill this form out completely and return it to the church office.  
No space is reserved until the application has been approved by the staff or Trustees of FUMC.  
After your application has been reviewed, you will be notified.**

Date of Application: \_\_\_\_\_ Group/Organization: \_\_\_\_\_

Date (s) Desired: \_\_\_\_\_ Room (s) Desired: \_\_\_\_\_

Describe Intended Usage: \_\_\_\_\_

Usage will be: one time only \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ other \_\_\_\_\_

Start Time of Event: \_\_\_\_\_ AM/PM End Time of Event: \_\_\_\_\_ AM/PM No. Attending: \_\_\_\_\_

Arrival for Set Up: \_\_\_\_\_ AM/PM Building Clear at: \_\_\_\_\_ AM/PM

### Tables Only:

Round Table (seats 7-8) \_\_\_\_\_ Oblong Table (seats 8-10) \_\_\_\_\_ How many chairs at each table? \_\_\_\_\_

### Chairs Only:

How many chairs? \_\_\_\_\_ Center Aisle \_\_\_\_\_ Side Aisles \_\_\_\_\_

Podium \_\_\_\_\_ Yes \_\_\_\_\_ No Sound System \_\_\_\_\_ Yes \_\_\_\_\_ No How many Display Table (s) \_\_\_\_\_

### Please draw desired set-up on additional paper.

Admission/Registration Fee Charged: \_\_\_\_\_ Yes \_\_\_\_\_ No Offering Taken: \_\_\_\_\_ Yes \_\_\_\_\_ No

Proceeds, if any, will be used for: \_\_\_\_\_

Reference: \_\_\_\_\_

Name

Address

Zip

Phone #

**Is your group insured? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide a copy of the Certificate of Insurance and please add First United Methodist Church as "additionally insured" to the certificate.**

I agree to be responsible for the conduct of those coming to or participating in the activity for which this application is being made, and for any damage beyond the normal wear and tear which may occur as a result of this activity. I further agree that the church property will be used in accordance with the enclosed copy of Rules and Regulations of the Board of Trustees which I have read and understand. **BY SIGNING THIS APPLICATION YOU AGREE THAT YOU HAVE RECEIVED A COPY OF THE SAFE SANCTUARY POLICY AND HAVE SIGNED THE WAIVER AND RELEASE FORM.**

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (include city/zip): \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

#### For Office Use Only

Total Fees: \$ \_\_\_\_\_

Safe Sanctuary Policy \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**FIRST UNITED METHODIST CHURCH OF EUGENE**

**SAFE SANCTUARY**

**WAIVER AND RELEASE**

For outside groups using facilities of First United Methodist Church of Eugene

In consideration of the right to periodic access to and use of the premises of the First United Methodist Church of Eugene, 1376 Olive Street, Eugene, Oregon, I

\_\_\_\_\_,  
(name of individual signer)

as an agent of \_\_\_\_\_,  
(name of group)

authorized by said \_\_\_\_\_,  
(name of group)

to bind \_\_\_\_\_, its members, assignees, volunteers, and  
(name of group)

guests and to the terms of this Waiver and Release, do agree as follows:

I, on behalf of \_\_\_\_\_, agree to release, waive, discharge, hold harmless, defend and indemnify First United Methodist Church of Eugene from any and all claims, actions, or losses for bodily injury, abuse, sexual misconduct/sexual abuse by any person acting as a member of \_\_\_\_\_, agent, thereof, or person present in the premises of First United Methodist Church of Eugene by invitation of \_\_\_\_\_.

I specifically understand that, by signing this Waiver and Release on behalf of \_\_\_\_\_, I acknowledge receipt of a copy of the First United Methodist Church of Eugene Safe Sanctuary policy on behalf of \_\_\_\_\_.

I further understand that by signing this Waiver and Release that I am personally accepting the responsibility to convey, in both oral and written form, a copy of this Safe Sanctuary policy to all members of \_\_\_\_\_.

**FIRST UNITED METHODIST CHURCH OF EUGENE ASSUMES NO LIABILITY FOR ANY INCIDENT OF CHILD ABUSE OR SEXUAL MISCONDUCT/SEXUAL ABUSE WHICH TAKES PLACE UNDER THE AUSPICES OF AN OUTSIDE ORGANIZATION.**

**THIS CONSTITUTES A WAIVER OF LIABILITY BY FIRST UNITED METHODIST CHURCH OF EUGENE.**

**BY SIGNING THIS WAIVER AND RELEASE, I AGREE TO ITS TERMS ON BEHALF OF \_\_\_\_\_.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Group Name