

St. John's United Methodist Church
NON-CHURCH ACTIVITY USER'S AGREEMENT

ABSOLUTELY NO ALCOHOLIC BEVERAGES
OR SMOKING WILL BE ALLOWED ON CHURCH PREMISES!

Each group using any church building or facility must have a single individual responsible for all areas of this user agreement. This person must be present during the activity.

Function _____

Date of activity _____ Setup required yes ____ no ____

* provide diagram on back

Facility _____ Start time _____ End time _____

Attendance estimate _____

Kitchen required Yes ____ No ____ If yes, attach signed kitchen usage policy

Special needs -- _____

Proper and adequate adult supervision will be required for all youth activities. Youth are not allowed on the stage in the family life center other than for organized activities. Nurseries and playground are not available for use during this function unless prior arrangement is made with Church Office.

Decorations are to be placed using non-damaging media only. All decorations will be removed at the end of the activity. No stakes or signage can be driven in the ground without prior authorization.

Please use the following checklist when closing the facility.

_____ All facilities left clean. (Floors swept, tables cleaned, decorations removed)

_____ All trash removed, bagged, and placed in the dumpster at the rear of the Family Life Center and place new liner in all trash cans used.

_____ All restrooms left clean. No water left running.

_____ All thermostats returned to original setting (May – Nov. 78 degrees, Dec. – April 68 degrees), coffee pots unplugged, and lights turned off.

_____ All doors locked.

Any discrepancies will to be noted by the Building Superintendent on his copy of this form. After satisfactory inspection, the church office may return any deposits per building usage policy.

The below signature on this form assumes full responsibility for any damage done to buildings, furniture, or equipment (other than normal wear) due to this activity.

St. John's UMC assumes no responsibility for injuries incurred during usage of these buildings and facilities. **Please provide proof of your organizations liability insurance.**

I have read and understand the terms and details of this agreement and I agree to abide by them.

You will be provided with a copy of this completed form.

NAME OF RESPONSIBLE PERSON (PRINTED) _____

SIGNATURE _____

DATE: _____ PHONE NUMBER _____

COMMENTS: Please use the reverse side of this form for any comments you may have.