

**BELIEVERS TOGETHER COMMUNITY CENTER
RENTAL CONTRACT and POLICIES
Gymnasium for Sport Activities**

Date of Rental: _____ for _____ Time of Event: _____

Number of People Expected: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work / Cell: _____

Email _____

Misc. Equipment needed: _____

FEES (Priced per hour)

Gym \$40: _____ X Number of hours: _____ = _____

Misc. Equipment (from page 4) _____ Damage Deposit \$250 _____

CERTIFICATE OF INSURANCE INFORMATION

If 50 or more people are attending your event and/or liquor is being served, please complete the following:

Is Liquor being served? Yes _____ No _____

Special Event Insurance Coverage needed: Yes _____ No _____ Amount \$100: _____

Total Rental Fees: _____

Method of Payment: Cash _____ Check _____ (Check Numbers) _____
(Please write a separate check for the \$250 damage deposit)

Special Event/and or liquor insurance will be obtained through the Diocese of Peoria, at the current premium of **\$100.00**. Forms are available in the Parish Office. Make all checks payable to Believers Together except check for insurance, which is made out to the Dunne Property, N.F.P.. Damage deposit: \$100.00 (Will be returned within 10 days after event, if it is determined that nothing was damaged or no extra cleaning was required).

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- All events, meetings and use of any part of the *center* must be scheduled through the Parish Office. (We reserve the right to change rooms when needed with as much notice as possible)
- No smoking is allowed in the *center*. No smoking is allowed on the grounds, except in designated areas.
- *Center* must be left in the condition it was found or better. The renter is responsible for damage caused by negligence or inappropriate use of the equipment or space rented.
- Due to the possibility of multiple events or meetings, we require your group to stay in the area you reserved.
- Your group must vacate the premises immediately when your paid hour(s) have expired to accommodate the next group using the *center*.
- There must be at least 2 responsible adults present for events that involve children under age 18, plus an additional adult for every 15 children.
- Parental permission/liability waivers must be supplied for each child present. The responsibility to collect these is the person who books the event. The waivers need to be filed with this contract 24 hours before the event.
- We expect Christian behavior and language at all times.
- The content of all activities must uphold Christian values.

All activities on the *center* premises are considered at your own risk. In case of accident or injury caused by involvement in a sports activity you agree, by signing this document, not hold the Diocese of Peoria, Christ the King Roman Catholic Congregation or Believers Together responsible.

**Please inform the staff of potential stain that needs immediate attention.
No red or grape beverages, please.**

FEES & DEPOSIT Must be paid at the time the Community Center is reserved and confirmed for the event. If you wish to cancel within 48 hours of booking the event all fees and deposit will be refunded. Deposit will be returned within 10 days after the event, if it has been determined that nothing has been damaged and no extra clean up was required.

If the event is canceled prior to 60 days from the event date, 50% of the fees and 100% of deposit will be refunded.

If the event is canceled prior to 30 days from the scheduled date, the \$250 Damage Deposit will be refunded.

If the event is canceled less than 30 days of the scheduled date, **No Money** will be refunded.

I have read and agree to the terms of this contract and upon payment of fees and deposit I consider the date and time of my event confirmed.

signed

date

witnessed by

FACILITY USAGE/INDEMNITY AGREEMENT

PARISH: Diocese/Archdiocese of Peoria, Christ the King Roman Catholic Congregation, Cursillo, TEC

FACILITY USER: _____

DATES OF FACILITY USAGE: _____

TYPE OF FACILITY USAGE: _____

The above-named FACILITY USER , agrees to defend, protect, indemnify and hold harmless the above-named PARISH against and from all claims arising from negligence or fault of the above-named Facility User or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE at the above-named PARISH.

FACILITY USER agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than one million dollars(\$1,000,000) per occurrence. FACILITY USER also agrees to have the PARISH as an “Additional Insured” on its general liability policy for the DATES OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER’S operations or are brought against the PARISH by FACILITY USER’S employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against the PARISH.

If and only if FACILITY USER fails to comply with the above (second) paragraph, then the above-named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above-named PARISH for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the PARISH by the above-named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises out from the alleged negligence of the PARISH, its employees or agents, or the negligence of any other individual or organization. If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: _____
(Must be an official agent of FACILITY USER)

NAME (Please Print): _____

DATE: _____