## REQUEST FORM FOR USE OF PARISH FACILITIES

Event*:	Requested Date:			
Event Coordinator**:				
E-mail address:	Phone #: End Time: # of People Anticipated			
Event Start Time:	art Time:End Time:		# of People Anticipated	
Set-up time (if different than	event start tim	ne):		
Please check the facility you	are requesting	to use:		
Kitchen		Parish Hall	Narthex	
Historic Church		Church	Sensory Room	
Classroom(s)		Parking Lot(s)	Church Nursery	
*Attach additional description of everal *As event coordinator you are responded as For Office Use Only:		g compliance with all p	parish facility use guidelines.	
Pastor approval:		Date:		
Fee received:				
Facilities Use Agreement &	Insurance Cert	ificate Received:		
Doors set:	-	Exit:		
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The cleanliness and maintenance of all our facilities is paramount. When using any of our facilities please clean up after your event. All trash must be in the garbage containers and put in the trash dumpster located in the parking lot. Please do not leave leftovers in the refrigerator. Please take all used aprons, dish towels and linens home and wash, dry and return them in a timely manner for use by other groups. Please check the restrooms and make sure all toilets are flushed and all faucets are turned off.

<u>LIGHTS:</u> All lights are automatic with the exception of the kitchen. Automatic lights, (hallway, meeting rooms, restrooms and the vestibule) will turn on upon entering the area and will turn off ten minutes after the last person leaves the facility. The kitchen has two light switches that are manually operated, **PLEASE** make sure they are off before you exit the facility.

Please feel free to call the Parish Office to check date availability prior to submitting the form.

Please report any problem or concerns to the Parish Office, 717-367-1255.

## **FACILITY USAGE/INDEMNITY AGREEMENT - PARISH**

PARISH:
PARISH is understood to include the Diocese of Harrisburg, and the Bishop
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 the 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 and the DIOCESE OF HARRISBURG named as an "Additional Insured" on its general liability policy for the DATE(S) 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 USERS' 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 PARISH.
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 from the alleged negligence of the PARISH, its employees or agents, or the negligence of any other individual or organization. This paragraph does not relieve FACILITY USER's responsibility to comply with the above (second) paragraph.
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):