

**Niles Discovery Church
Facilities Use Request – Partner Program**

Please complete this form (both sides) and return to the Office Administrator. Hold Harmless Agreement must be signed by the representative of the Partnering Organization. The copy of the Facilities Use Policies must go to the representative of the Partnering Organization.

Date of Facilities Use: _____ Set-up starting at: _____ Clean-up finished by: _____

Program Begins at: _____ Program ends at: _____

If this is a recurring program explain frequency of recurrence: _____

Name of Program: _____

Purpose of Use: _____

Church Ministry Team: _____

Partnering Organization: _____

Does this organization have a religious tax exemption from Alameda County? _____

Does this organization have a welfare tax exemption from Alameda County? _____

Partner Org Primary Contact: _____

E-Mail: _____ Phone: _____

Address: _____

Requestors Position in Group: _____

Secondary Contact: _____

E-Mail: _____ Phone: _____

Church Ministry Team Contact: _____

E-Mail: _____ Phone: _____

Number of people expected: _____ Will food be served? _____

Do you want to use or move: the piano or organ? _____ the church's AV equipment? _____

Who will be cleaning and locking the church after use? _____

Rooms you want to use:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Room 2 |
| <input type="checkbox"/> Fellowship Hall & Kitchen | <input type="checkbox"/> Room 3 |
| <input type="checkbox"/> Room 1 | <input type="checkbox"/> Room 4 |

I/We have received and read, and I/we agree to follow the Niles Discovery Church Facilities Policies.

Partner Org: Signed _____ Date _____

Church Ministry Team: Signed _____ Date _____

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Hold Harmless Agreement

Niles Discovery Church (NDC), its employees and members are not liable for accidents or injuries occurring on the premises. By signing this agreement, the Partnering Organization using the church facilities agrees to accept the premises “as is”; to waive any claims against NDC, its employees or its members arising out of the condition of the facilities or any accident or injury occurring on the premises; and to hold harmless, defend and indemnify NDC, its employees or members with respect to any claims arising out of the condition of the facilities or any accident or injury occurring on the premises.

Signed _____ Date _____

FOR OFFICE USE ONLY

- Room(s) available
- Program placed on calendar

- Program already on Cabinet’s Church Program list **OR**
- This program added to Cabinet Agenda and a copy of this form given to the Pastor
 - Program approved by Cabinet

- Proof of Insurance received from Partnering Organization **OR**
 - Proof of Insurance not required per Cabinet

- Requester notified of use approval/denial

- Key was not needed **OR**
- Key issued to _____ on _____
 - Key form completed and filed
 - Key issued noted on spreadsheet

- This form filed as appropriate

- Key returned
- Key deactivated