

The Unitarian Universalist Fellowship of Hendersonville
Sanctuary: 2021 Kanuga Rd.— **Office/Mailing Address:** 409 East Patterson Street
Hendersonville, NC 28739-6749
828-693-3157 ▪ office@uufhnc.org ▪ www.uufhnc.org

FACILITIES USE AGREEMENT

Organization _____ **Phone** _____

Contact Name _____ **Email** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Individual/Sole Proprietor 501(c)(3) Organization Other _____

If the Applicant is a 501(c)(3) organization or other corporation, a Certificate of Insurance with Endorsement must be provided with this Agreement. **Certificate of Insurance with Endorsement is attached.**

Type of Event _____ **No. of Attendees:** _____

Date of Event _____ **Event Start Time** _____ am/pm **End Time** _____ am/pm

Arrival Time for Set Up _____ am/pm **Departure Time after Clean Up** _____ am/pm

Recurring Event: Day of week: _____ or Month: _____

UUFH Sponsor: _____ *Benefit applies to one-time event/meeting only.*

Equipment to be used: Piano Audio/Visual Equipment Sanctuary Sound System
 Other _____

RENTAL CATEGORY UUFH Program, Event, Meeting
 One-Time Event or Meeting via a UUFH Sponsor—**FEE CHARGED**
 Recurring Events or Meetings-Unsponsored—**FEE CHARGED**

NOTE: Rental Fees are due with the submission of this Agreement.

Please Check	Facility	Number of Hours	or All Day	x	Fee Charged	Total
	Sanctuary			x	\$	\$
	Fellowship Hall & Kitchen			x	\$	\$
	Log Cabin			x	\$	\$
	RE Cottage			x	\$	\$
	Equipment Fee			x	\$	\$
Total Fee						\$
Fee for Sexton						\$
Balance Due						\$

Organization: _____

The Undersigned hereby agrees that they have read and understand the Facilities Rental Policy and Procedure. The Undersigned certifies that he/she is authorized to act as representative of the Applicant and that the Applicant agrees to abide by the Facilities Rental Policy and Procedure Guidelines and hereby accepts all responsibility for any damages incurred to the property and/or belongings of UUFH during rental use.

The undersigned hereby agrees that participating in the Applicant’s organization and in the use of the premises under this Agreement, is and shall be open to any individual regardless of race, color, sexual orientation, religion, creed, nationality, ancestry, disability or gender.

INDEMNIFICATION AGREEMENT:

In consideration of the premises being used by the Organization for the fee stated, the Organization agrees to indemnify and hold harmless the Unitarian Universalist Fellowship of Hendersonville (UUFH), its officers and employees from and on account of injury to any person or persons caused by or resulting from any acts or omissions, negligent or otherwise, of the Organization, its officers, members or attendees at the Organization event. Organization also agrees to reimburse UUFH for attorney fees in defense of said claims. Applicant has been provided a copy of the UUFH Facilities Use Policy and agrees to all terms therein.

Printed Name: _____

Signature: _____ Date: _____

Accepted for UUFH: _____ Date: _____

The Unitarian Universalist Fellowship of Hendersonville

409 East Patterson Street

Hendersonville, NC 28739-6749

828-693-3157 ▪ office@uufhnc.org ▪ www.uufhnc.org

FACILITIES USE CHECK-OUT LIST

Please return this form to UUFH Office when retrieving key deposit.

Organization: _____

Date of Use: _____ UUFH Sponsor's Name: _____

The organization's contact person/key holder must initial each completed item listed below

____ Meeting Rooms Used: All rooms used must be returned to pre-use condition including chairs, tables, and all other items returned to their original places.

____ Bathrooms: Make sure all bathrooms, upstairs and down, are vacated, lights off and no toilets left running.

____ Lights: Turn off all inside lights, upstairs and down.

____ Doors and Windows: Check to be sure that all doors and windows in all areas are locked and securely latched.

Note: Heat/HVAC thermostats will reset automatically

In addition to the above, if the Fellowship Hall was used, the following must be done:

____ Kitchen: All items brought in for the meeting, including food must be removed.

____ Kitchen should be clean, including countertops.

____ Stove, ovens turned off.

____ Dishes rinsed and placed in dishwasher and start the dishwasher.

____ Pots and pans washed and put away.

____ Empty trash to dumpster outside the Fellowship Hall

____ Coffeemaker cleaned. (FOLLOW POSTED INSTRUCTIONS)

____ Coffee pots washed and returned to coffeemaker.

____ Turn off the warmers on the coffeemaker.

I have completed all items checked as to areas used by my group.

Contact Person/Key Holder's Printed Name: _____

Contact Person/Key Holder's Printed Signature: _____

Date Signed: _____ Date Key Returned _____ Received by UUFH Staff _____

Thank you for being a good steward of the UUFH facilities.