



FACILITY USE INFORMATION

Thank you for your interest in hosting your event at our Glenkirk Church. In order to secure a date, please read and complete the attached information packet. **NO RESERVATIONS WILL BE TAKEN OVER THE PHONE. COMPLETE PACKET AND INITIAL FEES ARE REQUIRED TO SECURE YOUR REQUESTED DATE.**

- Policy:** We are a private, non-profit, Christian-based religious organization and church with 501(c)(3) status. **Our facility is available to rent for/by:** Christian wedding ceremonies between a man and a woman, Christian memorial services, not-for-profit organizations such as mission organizations, services groups, support groups and schools, and Covenant Partner and Glenkirk Staff private parties & celebrations. **Our facility is generally not available to rent for/by:** For-profit business meetings and fundraisers, or individuals who are not Glenkirk Church Covenant Partners or on Staff.
- Application:** An application can be obtained from the Facilities Coordinator, from the Front Desk, or at <https://www.glenkirkchurch.org/facilityuse/>. Applications must be complete and accompanied by a non-refundable deposit to secure the date. This deposit will be applied toward the total fee for your event. Your event will not be added to the calendar until your application with deposit is approved.
- Approval:** Every effort will be made to review your application in a timely manner. Church worship services, ministry programming, and memorial services are given priority. The Facilities Coordinator will contact you typically within one week letting you know the status of your application.
- Building Use:** Staff is responsible for opening rooms and bathrooms, setting up tables and chairs, putting away tables and chairs and closing/locking up. Some events may require tech staff or special equipment. Arrangements and fees for these resources will be included in the application. Renters may provide a preferred layout for certain rooms. The renter is responsible for decorating and removal of decorations and ensuring trash is left in designated receptacles.
- Smoking:** There is no smoking allowed in any room or courtyard space, or within 20 feet of any building.
- Gambling:** Gambling on church premises is not permitted.
- Alcohol:** The consumption of alcohol on church premises is not permitted.
- Insurance:** All applicants, including individuals, are required to supply proof of insurance. Certificates of insurance must include the name of the renter, the event date (or date range) and time, and name Glenkirk Church as additionally insured. A sample of the certificate is included in this packet. Certificates are due 30 days prior to the event and can be obtained from the renter's business or home insurance carrier. Individuals can also purchase event insurance online, by typing "event insurance" into a search engine. The renter must also sign an indemnity agreement holding Glenkirk Church, its officers and employees harmless from any and all liability or claims of liability for injury to person or property occurring with the use of church facilities.
- Fees:** All fees are due 30 days prior to the event or upon application approval should the event occur in less than 30 days time. Refundable deposits (such as a cleaning deposit) will be returned within 10 days after the date of the event. Recurring events will be placed on a monthly billing. Failure to pay on time may result in your event being removed from the calendar. Events that go over the allotted time or result in unexpected clean-up may be assessed an additional fee.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|-------------------------------|------------------------|-----------------|
| PRODUCER | CONTACT NAME: | |
| | PHONE (A/C, No., Ext): | FAX (A/C, No.): |
| E-MAIL ADDRESS: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED | INSURER A: | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDITIONAL INSURER | SUBROGATION | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|-------------|---------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



FACILITY USE APPLICATION

Name of Applicant or Organization: _____

Check all that apply: [] Wedding [] Memorial [] Non-profit org [] Support Group [] School
[] Covenant Partner [] Staff [] Other _____

Address: _____ Ctly/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email: _____

Event Date: _____ Start Time _____ End Time _____

Event Name/Description: _____

Estimated Attendance: Adults _____ Children _____ Total _____

Event Spaces:

- Worship Center: [] Narthex [] Sanctuary [] Prayer Room [] Family Room [] Choir Room [] Sacristy [] Balcony
Event Center: [] Event Center [] Kitchen [] Fellowship Hall
Outdoor: [] East Patio [] South Patio [] Parking Lots
The Gathering Place: [] Main Space [] Breakout rooms enter # _____
Classrooms: [] Room 15 [] Room 21 [] Room 22 [] Other _____
Office: [] Conf Room [] Counselling Room

Event Resources:

- [] Tables [] Podlum [] Mic [] Computer [] T.V.
[] Chairs [] Video/Slides [] Projector [] DVD [] Beverage cart
[] Other _____

Layout: _____

I have read the entire rental packet and am fully aware of my responsibilities to Glenkirk Church.

Signed: _____ Dated: _____

Attach your deposit of \$100 to this request and turn it in to the Church Office.

FACILITY COORDINATOR: Date received _____

- [] \$100 Deposit attached
[] Proof of Insurance attached