

Request for Use of Facilities form

Ascension Lutheran Church (513) 793-3288

Contact: ascensionlutheran@fuse.net

7333 Pfeiffer Rd., Cincinnati, OH 45242

Web Site: www.ascensionlutheranchurch.net

Contact Person: _____

Phone: _____ E-mail: _____

Group/Organization: _____

Address : _____

City, State, Zip: _____

Phone: _____ E-mail: _____

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|---|
| << For Office Use >> |
| <u>Room(s)/Spaces Assigned</u> |
| _____ |
| _____ |
| Authorization _____ |
| Confirmation _____ |
| Donation \$ _____ Deposit \$ _____ |
| Rec'd: __/__/20__ Refunded: __/__/20__ |

Brief description of event: _____

One-time use, Event Date: _____, Time: _____ to _____

For recurring events : Daily Every Week Every other week Monthly

Beginning date: _____ Ending date: _____

Day of the week (please circle one): Sun Mon Tue Wed Thu Fri Sat

Week(s) of the Month (please circle): All 1 2 3 4 Last Odd Even

Starting time: _____, Ending time: _____

Expected attendance: _____ Adults Children Infants (less than 2 yrs.)

Will you have food? No Yes Will you have beverages? No Yes

If yes, do you intend to use our warming kitchen and/or facilities? No Yes

Rooms/Spaces Requested

Classrooms (How Many _____) Fellowship Hall Warming Kitchen

Nursery(s) (one or both) Narthex Prayer Garden Sanctuary

If using the Sanctuary, do you want permission to use: the A/V equipment? Music instruments?

HOLD HARMLESS and INDEMNIFICATION AGREEMENT:

This hold harmless indemnification agreement between _____ (name and/or group) and Ascension Lutheran Church, its affiliates, successors, etc. (ELCA, Synod, etc.). By using Ascension's facilities you agree to indemnify and hold harmless Ascension Lutheran from any claims (including medical), actions, and judgments, including all cost of defense and attorney's fees incurred in defending against Ascension arising from and related to your use of the premises at 7333 Pfeiffer Road, Montgomery, OH 45242.

I have received and read Ascension's "Guidelines for Facilities Use" and this completed "Request for Use of Facilities" form and agree to abide by them.

Signature of Contact Person

Date