



NON-PROFIT REQUEST FOR FACILITIES USAGE

Complete this form, sign and return to Church of the Magdalen Parish Office.
For more information, contact Amanda Gillespie at 634-2315 or agillespie@magdalenwichita.com

Applicant Contact Information

Applicant Name:	
Organization Name:	
Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Please identify the date of your event, the time, and approximate number of attendees.

Date(s):	
Time(s):	
Attendees:	

Please identify the specific room(s) or area(s) you are requesting to use at Church of the Magdalen.
(Church Sanctuary, Gathering Space, Social Hall, Marian Room, School, Parking Lot, etc.)

Please summarize the purpose for your request, who will benefit, and specifically what services you are needing.
If you are making the request on behalf of a non-profit organization, please describe the organization's services/products.

AGREEMENT OF TERMS FOR USAGE OF MAGDALEN PARISH FACILITIES

I, _____, whose signature appears below, am authorized to act as the legal agent of the named organization in seeking use of the Magdalen Catholic Parish facilities. I agree to the following terms of facility use:

Applicant agrees that they shall be responsible for the conduct and control of all participants and spectators, and shall ensure that use of the facilities and surrounding areas will be utilized and monitored for safety and respect of the property. If required by parish policy, the parish will hire off-duty law enforcement officers to provide security for the event at the organization's expense. When applicable, if anyone under the age of 18 is participating in the event, the applicant must be Virtus certified and agrees to provide adequate adult supervision during the use of the facilities. Applicant understands that costs will occur if damage to the facilities requires fees or payments for repair or replacement.

Magdalen Catholic Parish and the Diocese of Wichita, Kansas do not provide insurance coverage to organizations using church facilities for non-parish activities. In consideration of Applicant's use of the Magdalen Parish Facilities, Applicant agrees to indemnify, defend and hold harmless Magdalen Catholic Parish and the Diocese of Wichita, Kansas, its respective agents, affiliates, officers, directors, servants, and employees of and from all loss, cost damage, injury, liability, claims, liens, demands, actions, and causes of action whatsoever arising out of, or related to applicant's negligent or intentional acts, errors, and omissions or those of its employees, agents and participants in connection with the use of Magdalen Parish Facilities. Applicant will provide, or purchase through the parish office, a certificate of liability insurance with a minimum coverage of \$1,000,000 and Church of the Magdalen and Catholic Diocese of Wichita as **additional insureds** on the certificate.

Applicant will take appropriate precautionary measures, including possible cancellation and removal of occupants, in rare cases of inclement weather or other emergencies should they arise during the use of the Magdalen Parish Facilities. Applicant accepts responsibility for these situations and understands that Magdalen Catholic Church and School is not liable in these instances. Applicant agrees to have the Magdalen contact card on hand at all times during facility use, to be used in emergency cases only.

Signature of Applicant: _____ Date: _____

SUBMISSION & APPROVAL

This request form shall be submitted to the parish office no later than three months prior to the date of the service request. All applications are reviewed by members of the Charity, Hospitality, & Service Board with the final approval at the discretion of the Magdalen Pastor. A member of the CHS Board or Parish Office will contact the Applicant with the final decision. If approved, a security deposit and formal contract must be completed through the parish office as soon as possible.

FOR OFFICE USE ONLY

This request has been completed as detailed above. YES NO

This request has been completed with changes (see notes below). YES NO

Confirmation with Applicant has taken place. YES NO

Name of individual who approved: _____ Date: _____

Additional notes for office use only