

APPLICATION & CONTRACT for Reimbursement for Use of the Thomas Paine Unitarian Universalist Fellowship Building

(Ministerial Services must be contracted separately and directly with the Minister)

Note: All applications for building use require approval by Bldg/ Office comms. or Board before finalization.

Refer to Guidelines and Sign "Rules & Regulations" required upon submission of application to.
(Please Print) TPUUF Office Committee, 3424 Ridge Pike, Collegeville, PA 19408, Tel. 610-631-0280

Date(s) of Event: _____ Time: from: _____ to: _____ No. Attending _____
(include building opening & closing time)

Name of Person/Organization: _____ Type of Event _____

Contact Name: _____ Today's Date _____

Address: _____

Tel: (Home) _____ (Work Phone) _____ e-mail _____

- **REIMBURSEMENTS** The following reimbursements are required for the use of the TPUUF building for a single event. **Upstairs Classrooms are not available**

Wedding or Ceremony of Union \$200 up to 2 hrs + \$50 each additional hr. \$ _____

Rehearsal - \$100 hr - Day/Date: _____ Time from: _____ to: _____ \$ _____

Single/Event Meeting - Upper or Lower Level Meeting Room.

@ \$75.00 1st hour \$ _____

@ \$50.00 each additional hour. \$ _____

Lower Level Classrooms available on an individual basis.

@ \$35.00 first hour, @ \$25.00 each additional hour. \$ _____

Group Meetings to be held in any part of the Building on a Regular Schedule
will be considered on a case by case basis through the Office/Bldg Committees. Fee Set at \$ _____

***DAMAGE DEPOSIT** applicable for all events except Member Weddings & Memorials
or Mini Weddings see Form B note

Refundable damage deposit — Upper Level _____ @ \$200.00 \$ no charge

Refundable damage deposit — Lower level _____ @ \$100.00 \$ _____

Refundable damage deposit — Lower level Classroom— @ \$50.00 \$ _____

Other charges \$ _____

Total of above \$ _____

After Notification of Approval - 50% Deposit is required at this time ck # _____ Date _____ \$ _____

Remainder Due 10 Days before Event on _____ \$ _____

Cancellation Policy:

Notice given 30 days or more prior to event: 85 % of Deposit will be refunded.

Notice given less than 30 days prior to event: 60% of deposit will be refunded

The damage deposit will be refunded within 2 weeks following the Event, less any assessed damage or cleaning charges. If damages exceed deposit applicant will be invoiced for additional costs.

*Applicants are expected to leave the facility in the same condition as when they entered.

If clean up services are needed after Applicant leaves, costs will be deducted from deposit.

If damages exceed deposit applicant will be invoiced for additional costs.

Applicants Signature _____ TPUUF Representative: _____ Date: _____

Coordination

Approval: _____ Date _____ Date _____ Date _____
Office Comm. Building Comm. Board

Date Notified of Approval _____ by _____ via _____

Staff Coordination: Member to be on site _____ After event check _____

**Rules And Regulations
For The Use Of
Thomas Paine Unitarian Universalist Fellowship Building
3424 Ridge Pike. Collegeville, PA 19426
610-631-0280**

1. Persons or Organizations will restrict the use of the building to contracted room(s), lobby, and restrooms. Access to other Fellowship rooms is prohibited.
2. The *lunch room* may be used only for the storage and serving of food. No food may be prepared on the premises. All lunch room supplies, and utensils are Fellowship property, and shall not be used by Applicant.
3. A member of the TPUUF Building Committee or their designee must be present at all times during the use of the Fellowship building.
4. No illegal drugs may be used or possessed by persons attending the Applicant's function. There shall be no smoking in the building or use of alcoholic beverages on the property.
5. The Fellowship building must be left in the same condition in which it was found. All food and trash are to be removed from the premises by the Applicant or bagged and deposited in trash can outside in rear of building
6. The Person signing the Contract shall be responsible for the conduct of the persons who attend their function, and for any infraction of these Rules and Regulations, and shall pay the cost of any damages caused by any person attending the function under this Contract.
7. The TPUUF, its officers and members, are not responsible for loss or damage to any property of anyone attending the scheduled function, nor for any personal injury to any person in attendance.
8. The Fellowship allows the Applicant use of the rectangular tables and chairs in the area rented. Additional requirements are to be provided by the Applicant.
9. Ministerial services must be contracted separately and directly with the minister.

I have read and accepted the above regulations for use of the Fellowship Building.

Name or Organization: _____

Signed _____ Agent Date _____

**Thomas Paine Unitarian Universalist Fellowship
Release and Waiver of Liability Form for Adults**

I, the undersigned, will be participating in _____
(hereafter the "activity") at Thomas Paine Unitarian Universalist Fellowship on or about
_____ to _____, 20__.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my participation in this activity. I understand and agree that neither Thomas Paine Unitarian Universalist Fellowship nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this activity and hereby release Thomas Paine Unitarian Universalist Fellowship, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the activity. To the fullest extent permitted by law, I agree to save and hold harmless Thomas Paine Unitarian Universalist Fellowship, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the activity.

I authorize Thomas Paine Unitarian Universalist Fellowship through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity.

IF APPLICABLE:

I understand and acknowledge that Thomas Paine Unitarian Universalist Fellowship does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the activity.

Executed this _____ day of _____, 20__.

Signature _____

Printed Name _____