

405 University Avenue

Missoula, MT 59801

Phone: (406) 543-6952

Email: uccadmin@uccofmissoula.org website <http://www.uccmissoula.org>

**PROPERTY USE AGREEMENT and RELEASE FORM for UCC Missoula**

Name of Organization: Non Profit Yes No

Address:

Main Contact Name: Day Phone:

Email: Cell Phone:

Organization’s Purpose:

Date or Days Requested Start Time: End Time:

Frequency: One Time Only Weekly Monthly Other

Which days of the Week (Please Circle)

Mon Tue Wed Thurs Fri Sat Sun

**General Information**

Describe in detail the type of event you will be bringing to our facility.

Will tickets be sold or admission charged for your event?

Yes No

If yes, how will the net proceeds of this event be used?

If a key is issued to organization or individual, Name of Person with Key

**Release and Indemnity Agreement**

This release and Indemnity Agreement is between

(Organization or Individual) and University Congregational Church of Missoula (UCC of Missoula) for use of the church property at 405 University Avenue.

In Consideration of UCC of Missoula permitting the organization(s) or individual(s) listed above to use the property described herein, the organization or individual(s) agree(s) as follows:

Organization or individual(s) hereby indemnify, hold harmless, releases, and discharges UCC of Missoula and its administrator, employees, pastors, cabinet members, agents, officers, members, and/or volunteers from any and all liability, claims, demands, losses or damages arising out of the use of the property.

**Acceptance of Responsibility**

I/We agree to be responsible for the conduct of those coming to or participating in the activity for which this application is being made, and for any damage beyond normal wear and tear which may occur as a result of this activity. I/We will remove all signs posted by my/our group after the meeting has ended. I/We further agree that the church property will be used in accordance with the attached Building Use Policy. (A copy of the policy has been received.) I/We hereby consent to the Release and Indemnity Agreement.

If alcohol is provided, I/We have received the Alcohol Policy and agree to follow its terms.

Alcohol Catering is being provided by:

Name of Organization:

Print Name:

Signature:

Title:

Date:

Request Approved Denied

Signature Date:

Special Needs or Requests:

Equipment:

Round Tables #

Projector

Chairs #

6 Foot Tables #

Sanctuary Set Up:

Piano

Pulpit

Sound System

PLEASE ILLUSTRATE ROOM LAYOUT