

Christ Our Shepherd Church

Event Application Form

Contact Information (Event Organizer)

First Name _____ Last Name _____

Title _____

Organization Name _____

Org. Address _____

Contact Number _____ Email _____

Event Details

Event Name _____

Type of Event (e.g., wedding, funeral, etc.) _____

Date of Event ___/___/___ Time Start ___:___ AM/PM | Time End ___:___ AM/PM

Description of Activities _____

Areas Used: Sanctuary [second level] Fellowship Hall (main level) Children's Area (basement)

Use of lift required: Yes No | Will you require COSC to set up area? Yes No

Building Usage Terms

Building Usage, please refer to the **COSC Building Usage Policy**.

Do you agree to abide by COSC Building Usage Policy? Yes No

[To be completed by COSC Building Manager]

Event Fee

Building Fee: \$ _____

Building Manager Set-up Fee: \$ _____

Cleaning Fee (In cash, due before the beginning of event) **\$250.00**

Total Fee Amount: \$ _____

Total Fee due is two weeks before the Date of Event.

Cancellation policy: 100% refund if the event is canceled one week (7 days) before the Date of Event. 75% refund if canceled less than one week before the event, including due to weather, before Date of Event.

Signatures

Event Organizer [Print Name]

Date

Event Organizer [Signature]

Date

Building Manager [Print Name]

Date

Building Manager [Signature]

Date



801 North Carolina Avenue, Southeast
Washington, DC 20003
<https://christourshepherd.org/>

EXHIBIT B

Fee Schedule

Services	Congregation	Non-Congregation
Sanctuary	\$0.00	\$1000.00
Fellowship Hall	\$0.00	\$500.00
Children's Area	\$0.00	\$500.00
Building Manager Set-up Fee	\$100.00	\$250.00
Cleaning Fee *required	\$250.00	\$250.00

Please make payment(s) to:

By check

Christ Our Shepherd Church or "COSC"
Memo Line: "Name of event" and Date

Mailing Address:

801 North Carolina Ave SE
Washington, DC 20003

Online

COSC's Planning Center: <http://bit.ly/3NxTFKd>

For any questions, please contact that us at our office during office hours at (202) 544-9599 or via email at admin@christourshepherd.org

EXHIBIT B

Christ Our Shepherd Church Accident Waiver and Release of Liability Form

Name of Event/Activity: _____

Date of Activity/Event: _____

Location of Event/Activity:

- Childrens Area [Basement]
- Fellowship Hall [Entrance Floor]
- Sanctuary [Second Floor]

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including, but not limited to, any risks that may arise (i) from the negligence or carelessness on the part of Christ Our shepherd Church (COSC) or, its agents, employees, and/or representatives, and (ii) from the condition of the equipment, real and personal property owned, maintained, or controlled by COSC at the location of the Activity or Event.

I certify that I am physically fit and have not been advised to refrain from participating in the Activity or Event by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this Activity or Event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, organizers, and COSC and that it will govern my actions and responsibilities at said Activity or Event.

I acknowledge that participation in the above Activity or Event may carry with it potential risks. The risks may include, but are not limited to, those caused by the facilities, conditions of the equipment, real and personal property owned, maintained, or controlled by COSC and the actions of other people.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this Event or Activity.

I acknowledge that COSC is not the Event holder or sponsor of the above Activity or Event and is NOT responsible for errors, omissions, acts, or failures to act of the party conducting the Event or Activity;

I acknowledge that I will not take legal action against COSC, its agents, employees, and representatives.

In consideration of receiving permission to participate in this Event, I hereby act for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

1. I WAIVE, RELEASE AND DISCHARGE COSC, its agents, employees and representatives, from any and all liability, including but not limited to, liability arising from the negligence or fault of the COSC and its agents, employees or representatives, for my death, disability, personal injury,

property damage, property theft or actions of any kind which may hereafter occur to me in connection with the Activity or Event including my traveling to and from this Activity or Event;

2. I AGREE TO INDEMNIFY and HOLD HARMLESS COSC, its agents, employees, and representatives, against any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of COSC or otherwise; I certify that I have read this document, and that I fully understand its content. I am aware that this is a release of liability and a contract made in consideration of my participation in the Activity or Event.

Attendee's Name (Print)

Attendee's Signature

Date



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