

# Christ Our Shepherd Church

## Event Application Form

### Contact Information (Event Organizer)

Primary Contact First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\*Required: COSC Congregant \_\_\_\_\_ Non-COSC Congregant \_\_\_\_\_

Organization Name \_\_\_\_\_

POC/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/Needs (\*Required)

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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 **Breakdown?** ☐ Yes ☐ No

Please coordinate with the Building Manager or proxy on availability.

### 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: **\$250.00**

**Total Fee Amount: \$** \_\_\_\_\_

**Total Fee Amount is due 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 or [Acts of God](#), before Date of Event.

Please return the signed **Application** and signed **Exhibit C** to the Building Manager at [admin@christourshepherd.org](mailto:admin@christourshepherd.org).

**Approval is at COSC's sole and unilateral discretion.**

## 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	Congregant	Non-Congregant
Sanctuary (2 <sup>nd</sup> Floor)	\$0.00	\$1000.00
Fellowship Hall (Main Floor)	\$0.00	\$500.00
Basement Area	\$0.00	\$500.00
<b>Building Manager Set-up/Breakdown Fee</b>	\$100.00	\$250.00
<b>Cleaning Fee *required</b>	<b>\$250.00</b>	<b>\$250.00</b>

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 the Building Manager at our office during office hours at:

- **(202) 544-9599**
- Email at [admin@christourshepherd.org](mailto:admin@christourshepherd.org)

# EXHIBIT C

## **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 [Main 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.

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Attendee's Name (Print)

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Attendee's Signature

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Date



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Washington, DC 20003

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