



UoCC Campus Use Agreement

1) Applicant:

| Applicant Information |
|---------------------------------------------------------------------------|
| Today's Date: |
| Organization/person: |
| Non-Profit ID# |
| Tax-Exempt # |
| Contact Name: |
| Address: |
| City: |
| State and Zip Code: |
| Contact home phone: |
| Contact cellphone: |
| Contact email: |
| Email contact OK <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alternate Contact: |
| Alternate Phone: |

2) General Conditions and amount of fee:

It is agreed between Unity of Citrus, hereinafter referred to as PROPERTY OWNER and _____, hereinafter referred to as USER, that the PROPERTY OWNER shall allow the USER access and the use of the PROPERTY as described below, subject to all policies and procedures of the PROPERTY OWNER, in consideration of:

(check and complete one of the following):

- love offering;
- fixed fee of \$ _____ per _____ (course, session, etc.).
- other consideration. Please specify:

Note: Financial arrangement subject to change if PROPERTY OWNER and USER agree mutually.

3) Brief description of the activity:



4) **Event details:** Failure to disclose all event information may result in cancellation of your event. Incomplete information will delay the processing of your application and may result in the loss of your date/times

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-------------|----------------|
| Activity Title | | | | |
| Day(s) of week <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun | | | | |
| Date(s) and times of the event/activity | | | | |
| Entry # | Day of week | Beginning time | Ending time | Beginning date |
| | | | | |
| | | | | |
| | | | | |
| Type of event: | | | | |
| Room(s): check all that apply | | | | |
| <input type="checkbox"/> Church grounds <input type="checkbox"/> Classroom <input type="checkbox"/> Gratitude Café <input type="checkbox"/> Kitchen <input type="checkbox"/> Labyrinth <input type="checkbox"/> Meditation path <input type="checkbox"/> Playground <input type="checkbox"/> Portico <input type="checkbox"/> Sanctuary <input type="checkbox"/> None | | | | |
| Expected attendance: | | | | |
| Day before event setup date: Times: until | | | | |
| <input type="checkbox"/> N/A | | | | |
| Day of event setup : Times until | | | | |
| <input type="checkbox"/> N/A | | | | |
| After event cleanup Times until | | | | |
| <input type="checkbox"/> N/A | | | | |
| and/or restore room setup | | | | |
| Is your event open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Will you be advertising your event? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Will you collect donations or participation fees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: \$ | | | | |
| Is the event a fund raiser? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Will food or beverages be served? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you hiring a third-party vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| You have insurance for your event (provide required certificate) <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Will alcohol be served? (liquor liability will be required) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Will there be live or amplified sound? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you made provision for on-site medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you have Not for Profit Status (501 (c) 3 (Current copy of Tax Certificate required) <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |



5) **Special equipment or needs other than facilities:**

6) **Any other relevant information:**

7) **Recommend** you include as an attachment any flyer or jpeg picture that can be used to promote this activity

8) The **undersigned** hereby makes application to PROPERTY OWNER for the use of their facilities described above and certifies that the information given in the application is correct. The undersigned has been given authority to act for and be responsible for the USER making this application. USER will see the PROPERTY is not misused or abused, that there is proper adult supervision at all times, that the PROPERTY is used in conformity with all policies and regulations of the PROPERTY OWNER, and that all other terms of this CAMPUS USE AGREEMENT are adhered to and followed. As part of the contract with PROPERTY OWNER, and for the same consideration as provided for in this contract, the USER agrees to indemnify, hold harmless and defend PROPERTY OWNER, its officers, employees, and volunteers from all claims, losses, damages, costs, charges, expenses suits, or actions brought against PROPERTY OWNER as a result of any action or failure to act on the part of the USER, its employees, sub-contractors, or agents. This includes attorney's fees and all costs of litigation including appellate attorney's fees and costs as well as judgements.

NO OTHER PROMISES OR WARRANTIES

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9) USER to check and initial boxes to the left.

- USER understands that no promises are made otherwise than what is contained in this agreement, that no warranties have been made that the facilities will be adequate for USER’s planned use, and that USER accepts the facilities in an AS IS condition.
- USER has inspected the facilities to be used and has independently determined that it(they) is(are) suitable and safe for their particular purpose.
- USER agrees that PROPERTY OWNER will not set-up for the USER and that the USER must return the room(s) used to their before-used status.
- USER understands that there may be times when the PROPERTY OWNER will temporarily change the room(s) scheduled for the USER. The USER understands that the needs of the PROPERTY OWNER will have priority.

10) LIABILITY INSURANCE: DEPOSIT PROVISIONS, IF ANY:

11) Date and sign in the presence of the Board of Trustees representative.

I have read, understood and agree to comply with paragraphs 8 and 9 and all policies and procedures for the facility I am requesting to use. I understand that this agreement, if duly signed by all parties, is valid for a maximum of one year from date of signature. I further certify that I am 21 years of age or older.

Date Signed: _____

Agreed Donation: _____ **Campus Use Agreement Expires On:** _____

| Board of Trustees Representative | Applicant |
|----------------------------------|-------------|
| Print Name: | Print Name: |
| Signature: | Signature: |
| | Address: |



This page is for office use only

| Applicant Information | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|---------------------------------------------------------------------------|----------------|
| Name of event: | | | | |
| Organization/person: | | | Contact Name: | |
| Contact home phone: | | | Contact cellphone: | |
| Contact email: | | | Email contact OK <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Approved Day(s) of week <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun | | | | |
| Approved date(s) and times | | | | |
| Entry # | Day of week | Beginning time | Ending time | Beginning date |
| | | | | |
| | | | | |
| | | | | |
| Approved room(s) | | | | |
| Approved fee agreement | | | | |

| |
|--------------------------------------------------------------------|
| Deposit received: _____ |
| Date received: _____ |
| Church representative receiving deposit: _____ please print |
| Signature: _____ |
| Applicant making deposit: _____ please print |
| Signature: _____ |

| UNITY of Citrus County Internal Use ONLY | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------|-----------------------------|
| SECURITY DEPOSIT REQUIRED TO SECURE CAMPUS USE DATE. PLEASE MAKE ALL CHECKS PAYABLE TO "UNITY of Citrus County" MAIL TO: UNITY of Citrus County, 2628 W. WOODVIEW LANE, FL 34461 | | | |
| Calendar checked | Campus use request sent | Campus use request + check received | Staff approved |
| Referred to Ministry | Event approved | <input type="checkbox"/> Yes <input type="checkbox"/> No | Campus use offered/declined |
| Deposit received in full | | Pmts received in full | |
| User ended on time | Campus use was free of incidents | | |
| Area used clean, restored and undamaged | Deposit released Deposit held | | |