



LIBERTY CHRISTIAN SCHOOL

Organization Request for Use of Gym

TODAY'S DATE: _____

DATE OF RENTAL: _____

Recurring Need? YES / NO (If yes, please list dates/times on the back)

START TIME: _____

END TIME: _____

ORGANIZATION: _____

CONTACT PERSON: _____

PURPOSE OF RENTAL: _____

Mailing Address: _____

Phone: _____

Email: _____

Note: A receipt of rental confirmation will be forwarded to the contact person's email upon approval.

***KITCHEN USE: YES / NO**

*If the Kitchen is requested for use, a reservation form must be obtained. In order to use the kitchen you must additionally reserve an LCS level 1 food safety certified person to be present and on duty during kitchen use.

ENGAGE ● ENCOURAGE ● EMPOWER

11303 Liberty Road, Owings Mills, MD 21117

410-655-5527 | Fax 410-655-0209 | libertychristianschoolmd.com

LIST ADDITIONAL DATES REQUESTED:



LIBERTY CHRISTIAN SCHOOL

BUILDING USE AGREEMENT

Please read through this document, initial each section and sign at the end stating that you agree, understand, and will follow the Building Use Agreement.

_____ FEES:	\$125.00	Gym Rental Fee, 2 hour minimum ** (\$50.00 per hour each additional hour)
	\$100.00	Gym Rental Fee for LCS/LC Members, 2 hour minimum ** (\$40.00 per hour each additional hour)
	\$25.00	Hourly Fee for LCS (Level 1 certified) Kitchen Staff required for kitchen use
	\$25.00	Late fee 1-15 minutes, additional \$25.00 for every 15 minutes thereafter

(**All gym rental fees include an LCS trained oversight employee on premises during your event.)

_____ **DEPOSIT:** A 25% non-refundable deposit is required to hold your reservation. Full payment must be made two weeks prior to your event. If you are renting the gym on a monthly basis, your monthly payment is due in full no later than the 15th of the month prior to the month you are requesting your reservation. If you are making a reservation 2 weeks or less before event, full payment is due at time of reservation.

_____ **CANCELLATION POLICY:** Cancellations due to inclement weather (as determined by the LCS inclement weather policy) will receive a credit for payment to use in the future or a full refund (less 3% for credit card payments). Any other form of cancellation made less than one week in advance is nonrefundable.

_____ Organization agrees to hold harmless, indemnify and defend the school (including the school's agents, employees, and representatives) from any and all liability for injury or damage including, but not limited to, bodily injury, personal injury, emotional injury, or property damage which may result from any person using the above described premises, its entrances and exits, and surrounding areas, for the Organization's purposes, regardless of whether such injury or damage results from the negligence of the school (including the school's agents, employees, and representatives) or otherwise.

_____ Organization agrees that it will not use the premises for any unlawful purposes or for any purpose other than the activity approved in the facility.

_____ Organization agrees to be responsible for preparing for use and returning the pre-use condition to all areas of the premises which the group will use, including entrances and exits.

_____ Organization agrees to conduct a visual inspection of the premises, including entrances and exits, prior to each use, and warrants that the premises will be used only if it is in safe condition.

_____ All disputes shall be resolved by means of binding arbitration. The arbitration panel is chosen from the Session of Liberty Church, PCS in the following manner: The Organization and the School Board shall each select one individual from the Session and those two individuals shall then select a third individual. Those three shall be arbitrators for the dispute.

PLEASE COMPLETE AND SIGN/INITIAL THIS REQUEST FORM ALONG WITH:

1. REQUEST FOR USE OF GYM/BUILDING USE AGREEMENT (SIGNED/INITIALED)
2. KITCHEN USE AGREEMENT, if needed (COMPLETED, SIGNED/INITIALED)
3. PROOF OF LIABILITY INSURANCE
4. DEPOSIT OR FULL PAYMENT IF REQUEST IS WITHIN 2 WEEKS OF EVENT

SIGNATURE: _____

PRINT: _____

DATE: _____

Internal Use Only

FACILITIES APPROVAL:

Date Requested: _____ Location(s) Requested: _____

Facility Fee: _____

Deposit: _____ Full Payment: _____

Approved By: _____ Date: _____