



TRINITY HEIGHTS
UNITED METHODIST CHURCH

FACILITY USE
APPLICATION PACKET
Rev. 04-2023

COVID-19 disclaimer:

*By entering Trinity Heights United Methodist Church,
you assume all risk for being on the property.
Face Masks that fully cover the mouth and nose
are recommended for individuals who feel sick.
Please social distance as best as possible.*



BUILDING USE POLICY

SCHEDULING, FEES & INSURANCE

Upon submission of a request from a Client, the Administrative Assistant for Trinity Heights United Methodist Church (THUMC) will make a tentative reservation of space for the Client on the church calendar.

Confirmed reservations are only possible once the Administrative Assistant has received and reviewed the following items: (1) completed Facility Rental Application Packet, (2) Security Deposit, (3) Certificate of Insurance naming Trinity Heights UMC as an additionally insured entity, and (4) met with THUMC's Administrative Assistant in person, by phone, or by email.

- a. Clients with larger organizations must provide a combined single-limit insurance coverage for bodily injury and property damage.
 - i. A Certificate of Liability Insurance, naming Trinity Heights United Methodist Church as an additionally insured entity.
 - ii. Clients with smaller organizations or individuals must sign a Hold Harmless Agreement in lieu of naming Trinity Heights United Methodist Church as an additionally Insured entity.
- b. Security Deposit is \$250.00.
 - i. Refundable per the Client fulfilling all expectations outlined.
 - ii. Security Deposit refund process is approximately four to six weeks after request has been received in writing by mail or email.
- c. Client will be invoiced following receipt of the Facility Use Application.
- d. Trinity Heights United Methodist Church currently accepts the following forms of payment: cash, checks, PayPal, and debit/credit cards.
 - i. Checks must be made payable to Trinity Heights United Methodist Church. *Out-of-state personal checks will not be accepted.*
 - ii. Indicate on Facility Use Application if payment will be made via PayPal through our website.
 - iii. Payments can be submitted to or dropped off at:
Trinity Heights United Methodist
Church ATTN: Administrative Assistant
3600 N. Fourth St.
Flagstaff, AZ 86004
 - iv. Debit/Credit Card payments may be processed at the church office or by phone.

Authorized representatives on the agreement for usage must be eighteen years of age or older and assume full responsibility for any damage incurred through their group's use of the facilities. A chaperone, eighteen years of age or older must be in attendance at all times. Minors must be supervised at all times.

Client or representative signing the agreement is responsible and accountable for all activities incurred.

Continue on next page

BUILDING USE POLICY

continued

SERVICES & BUILDING CARE

Failure to comply with the following requirements will result in additional fees or a forfeiture of Security Deposit.

1. Clients are required to provide Event Host(s).
2. Client Event Host(s) are responsible for arriving at least sixty minutes prior to Event Attendees arrival time or at time of Check-in if more than seven people will be involved in pre-event set-up.
3. Welcoming and directing Event Attendees to designated doorways.
4. Ushering Event Attendees to designated waiting areas.
5. Ensuring Event Attendees do not interfere with the Ark Early Childhood Education programming nor other events underway within the building by staying in their rented room(s).

THUMC shall provide custodial, audio and visual technicians, kitchen supervisor or manager, and an event coordinator as follows:

1. Event coordinators are required to be on-site for the entirety of Client's use of the facilities.
2. An audio and visual technician is required to be on-site for the entirety of use of audio and visual equipment in the Main Hall, Celebration Hall.
3. Clients are allowed to operate audio and visual equipment in classrooms. Client must include this request on the application and indicate if training is desired.
4. Provisions for Client to provide own custodial services, e.g. setting-up tables, placing of chairs, will be at the discretion of the Administrative Assistant.
5. A certified kitchen manager and/or handler is required to be on site for the entire time the Industrial Kitchen is in use by Client.

The Client is responsible for the following Building Care as agreed upon with the Administrative Assistant. Should the Client wish for altering responsibilities, it is required to inform the Administrative Assistant in the Facility Use Application Packet. Should the Client not uphold the agreed upon responsibilities, The Administrative Assistant will assess costs and return the Security Deposit with a break-down of fees.

- a. Kitchen cleaning requires following outline cleaning instructions posted in the Kitchen.
- b. All items used must be cleaned and returned in original condition to original locations.
- c. All garbage can bags must be placed in exterior trash bin located in the East Parking Lot.
- d. Garbage cans must have their used garbage bags replaced with new ones.
- e. Main Hall, Classrooms, and Music Room must be returned to original set-up, unless otherwise agreed to prior to the event.

Failure to comply with the following requirements will result in additional fees or a forfeiture of Security Deposit.

1. Minors must be supervised at all times in the THUMC property both indoors and outdoors.
2. Client must obtain permission to adjust manual thermostats prior to use of facilities.
3. Clients are allowed to smoke in the designated smoking areas, utilizing the ash receptacles, waste must be properly disposed of by client. Marijuana use is not permitted on the property.
4. Alcoholic beverages are *not* permitted within facilities nor on the property.
5. Non-alcoholic refreshments and food items are to be served only in designated areas with prior approval.
6. Excessive noise is not permitted.
7. Hazardous materials are not permitted. The following decorations are not allowed: hay bales, glitter, metallic confetti, taping and stapling to walls, windows or floors.
8. Clients are required to leave Kitchen, Hall, Rooms and Building when scheduled.
9. All properties of the THUMC facilities must returned to their original location in original condition.
10. All property brought into the facilities or onto the property, must be removed from the premises *immediately* after the event.
11. Lights must be turned off and building secured, i.e. windows closed and doors locked prior to Clients departure of building.
12. Setting off the burglar or fire alarm caused by the event or attendees - an additional fee will apply.

Advertising for promotion, i.e. newspaper releases, posters, tickets, handbills, etc. must indicate the sponsoring agent.

End



FACILITY RENTAL APPLICATION

I, _____, representing _____,
Name of individual Name of organization or event

request permission to use the following facilities

- | | |
|-------------------------------|--|
|) MAIN HALL, CELEBRATION HALL |) INDUSTRIAL KITCHEN |
|) MUSIC ROOM |) BACK PATIO |
|) CHURCH LIBRARY |) ROOM SEATING UP TO 20
number of rooms _____ |

) Not certain which room, but would like to utilize space that allows for e.g. certain amount of chairs and tables in particular arrangement, use of projection screen, etc.

PURPOSE OF FACILITY USE

 e.g. meeting, reception, party, fundraiser, etc.

I / WE ARE

 e.g. a non-profit, local business, education endeavor, etc.

ANTICIPATED NUMBER OF ATTENDEES

Adults _____ Youth _____ Total number of attendees _____
under 18 years of age

DATE + TIME OF USE

Utilize next page for additional dates.

() Date _____ Day of week _____

CHECK-IN/OUT TIME

Utilize Check-in and out times for pre-event set-up and post-event clean-up.

Check-in time _____ am / m Check-out time _____ am / m

What time will Event Attendees arrive? _____ am / m

What time will Event Attendees leave? _____ am / m

Continue on next page

FACILITY RENTAL APPLICATION

continued

DATE & TIME OF USE

continued

() Date _____ Day of week _____

CHECK-IN/OUT TIME

Utilize Check-in and out times for pre-event set-up and post-event clean-up.

Check-in time _____ am / m Check-out time _____ am / m

What time will Event Attendees arrive? _____ am / m

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FACILITY RENTAL APPLICATION

continued

TRINITY HEIGHTS UNITED METHODIST CHURCH IS A PEANUT FREE FACILITY.

Will there be food at the event? YES / NO

If yes, what type?

Will there be beverages at the event? YES / NO

If yes, what type?

Please select any of the following technology, communication items you might need

) Multi-mic set-up + mixing
i.e. vocal/musical concert,
discussion panel

) Single-mic set-up,
i.e. speaker presentation

) Audio recording
i.e. vocal/musical concert

) TV display set-up
i.e. presentation to 10-25 attendees

) Projection screen set-up
i.e. visual presentation for 30-100 attendees

) Projection screen set-up
i.e. visual presentation for 100-450 attendees

) I would like training on operating Classroom Audio Visual Systems.

) Not certain what our needs are but would like to discuss the following options

How would you like the room set up?

) Theatre

) Board meeting
i.e. long table or mult-tables connected

) Banquet
i.e. multiple dining and serving tables

) Living room style
i.e. couch, relaxed chairs

) Circle

U-Shaped

) Not certain what needs are but would like to discuss the following options

Will your use require the placing of signs, flyers or posters on Church property? YES / NO

Will other paid, non-Trinity Heights services be used? YES / NO

If yes, please explain, e.g. caterer, performers, speaker, etc.? If yes, please explain

ADDITIONAL REQUESTS

Continue on next page

FACILITY RENTAL APPLICATION

continued

Initial _____ I will abide by all COVID-19 guidelines outlined in the Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19/Hold Harmless document included in this packet and will follow any additional COVID-19 safety measures requested by the Administrative Assistant.

Initial _____ I understand that submittal of this application does not guarantee a reservation. Only after the following items are received, can the Administrative Assistant review and confirm reservation: completed Facility Rental Application, Security Deposit, Certificate of Insurance naming Trinity Heights United Methodist Church as an additional insured, and meeting with THUMC’s Administrative Assistant.

Initial _____ In case of emergency or for reasons beyond THUMC’s control, the Administrative Assistant reserves the right to cancel the scheduled event prior to scheduled use without liability. Likewise, certain areas and/or amenities may be forced to close with little or no notice due to mechanical, chemical, or environmental issues (including flooding or lightning). Refunds will be assessed.

Initial _____ I have received, read, and fully understand the information and responsibilities contained in the Trinity Heights United Methodist Building Use Policy.

Initial _____ I have received, read and understand the information contained in the Trinity Heights UMC Facility Rental Application.

HOLD HARMLESS AGREEMENT

Initial _____ The authorized representative executing the application in consideration of receiving permission to use church facilities for themselves and the organization they represent, release Trinity Heights United Methodist Church, Board of Trustees, officials, employees, and agents from all claims and liability arising from or during use of church facilities, and agrees to hold harmless said released parties from all claims of any nature.

Initial _____ After the Client’s event, Trinity Heights UMC’s Administrative Assistant will determine any additional costs incurred for violation of the terms of this contract and bill accordingly. Additional costs will be taken into consideration for the time required for THUMC to repair any damage.

Initial _____ It is distinctly understood and agreed upon that the Client assumes all risks for loss, damage, liability, injury, expense that may arise during use or occupancy of the facilities of THUMC. The applicant further agrees that in consideration of being permitted to use the facilities, he/she will save and hold the said Church and/or their employees from any loss, claims, and liability or damages, and/or injuries to persons and property that in any way may be caused by Client's use or occupancy.

I, the undersigned, hereby certify that I will be personally responsible of any damage, and loss sustained by the grounds, building, furniture, equipment or clean-up occurring through the occupancy of said facilities by the Client.

Please Print Name Signature

Address City State/Zip

Phone Alternate Phone E-mail

Name of Alternate Contact Person For Event Phone

Date Completed End.



**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO
CORONAVIRUS/COVID-19/HOLD HARMLESS**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the gathering of groups of people.

Trinity Heights United Methodist Church (the "Church") believes in the opportunity for people to find hope and healing in their lives. In providing space for your group to meet on our campus, we are supporting the work that your group is doing.

We recognize that your group is an independent organization and not part of the Church structure. Because your group meets on church property, it is important that you agree to assist the Church in taking steps to follow all CDC, federal, state, and local guidelines to ensure the safety of all people as much as possible. Furthermore, we ask that you agree to the following:

* * *

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my group members and I may be exposed to or infected by COVID-19 by coming onto the Church campus and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Church campus may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Church employees, volunteers, and my group members and their families.

I understand that my group members and I must be free from COVID-19 symptoms to come onto the Church campus. I also understand that while the Church is taking precautionary measures, no amount of precautionary measures will completely protect against transmission of COVID-19. Additionally, I understand asymptomatic people may still be able to transmit COVID-19. Finally, I understand that even with precautionary measures, some people, including, but not limited to, Church and third-party participants and my group members, may not follow the measures and may increase the risk of transmission.

I will immediately notify Church Management in writing if I or any of my group members become aware of any person with whom they or I have had contact exhibits any symptoms of COVID-19, is advised to self-isolate or quarantine, or has tested positive for COVID-19.

MY GROUP MEMBERS AND I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO GROUP MEMBERS OR ME (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY GROUP MAY EXPERIENCE OR INCUR IN CONNECTION WITH COMING ONTO THE CHURCH CAMPUS OR PARTICIPATION IN PROGRAMS ON THE CHURCH CAMPUS OR RELATED TO THE CHURCH OR A THIRD-PARTY PROGRAM ("CLAIMS"). ON BEHALF OF MY GROUP AND MYSELF, I HEREBY RE-

LEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CHURCH, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, AND COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CHURCH, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY GROUP, CHURCH, OR THIRD-PARTY PROGRAM. I WILL COMMUNICATE THE ABOVE INFORMATION TO ALL GROUP MEMBERS.

Name of Group: _____

Signature: _____

Printed Name of Group Leader: _____

Date: _____

FACILITY USE FEE SCHEDULE

CELEBRATION HALL

	CHURCH MEMBER	NON-PROFIT ORGANIZATION	SCHOOL RECITAL	CONCERT	RECOVERY GROUP	GENERAL PUBLIC & MISC. GROUPS
SECURITY DEPOSIT	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
ROOM USE (HOURLY)	N/A	\$75.00/HR	\$25.00/HR	\$150.00/HR	\$25.00/HR	\$150.00/HR
ROOM USE 1/2 DAY (4 HRS)	N/A	\$250.00	N/A	\$500.00	\$100.00	\$500.00
ROOM USE FULL DAY (8 HRS)	N/A	\$500.00	N/A	\$700.00	\$200.00	\$1000.00
ROOM USE FULL DAY+ (>8 HRS)	N/A	\$700.00	N/A	\$900.00	\$250.00	\$1200.00
CUSTODIAL	\$30.00/HR	\$30.00/HR	\$30.00/HR	\$30.00/HR	\$30.00/HR	\$30.00/HR
A/V TECH	\$50.00/HR	\$50.00/HR	\$50.00/HR	\$50.00/HR	\$50.00/HR	\$50.00/HR

INDUSTRIAL KITCHEN

	CHURCH MEMBER	NON-PROFIT ORGANIZATION	SCHOOL RECITAL	CONCERT	RECOVERY GROUP	GENERAL PUBLIC & MISC. GROUPS
SECURITY DEPOSIT	\$50.00	\$50.00	\$50.00	\$250.00	\$50.00	\$250.00
ROOM USE (HOURLY)	N/A	\$30.00/HR	\$30.00/HR	\$50.00/HR	\$30.00/HR	\$60.00/HR
Kitchen Staff	N/A	\$25.00/HR	\$25.00/HR	\$25.00/HR	\$25.00/HR	\$25.00/HR

MUSIC ROOM

	CHURCH MEMBER	NON-PROFIT ORGANIZATION	SCHOOL RECITAL	CONCERT	RECOVERY GROUP	GENERAL PUBLIC & MISC. GROUPS
SECURITY DEPOSIT	\$50.00	\$50.00	\$50.00	\$100.00	\$50.00	\$100.00
ROOM USE (HOURLY)	N/A	\$25.00/HR	\$25.00/HR	\$50.00/HR	\$25.00/HR	\$50.00/HR

BACK PATIO

SECURITY DEPOSIT	\$50.00	\$50.00	\$50.00	\$100.00	\$50.00	\$100.00
ROOM USE (HOURLY)	N/A	\$25.00/HR	\$25.00/HR	\$50.00/HR	\$25.00/HR	\$50.00/HR

ROOM 101, 105, OR 107

SECURITY DEPOSIT	\$50.00	\$50.00	\$50.00	\$100.00	\$50.00	\$100.00
ROOM USE (HOURLY)	N/A	\$25.00/HR	\$25.00/HR	\$50.00/HR	\$25.00/HR	\$50.00/HR