

Holy Family Catholic Parish  
307 Black Oak Ridge Road  
Seymour, TN 37865

**Application for Facilities Use (Level 2)**

Applicant's Name and Address: \_\_\_\_\_

(Please Print)

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Organization Represented (if any) \_\_\_\_\_

Are you a registered member of Holy Family Parish ? \_\_\_Y \_\_\_ N, If Yes how long? \_\_\_\_\_

Type of Event \_\_\_\_\_ Number of Attendees \_\_\_\_\_

Length of Use (Approx.): \_\_\_\_\_

Facilities Requested:

<input type="checkbox"/>	Church	<input type="checkbox"/>	Family Life Center:
<input type="checkbox"/>	Church Basement	<input type="checkbox"/>	Family Life Center Kitchen
<input type="checkbox"/>	Pavilion	<input type="checkbox"/>	Other:

Date Requested: \_\_\_\_\_ Time Requested: \_\_\_\_\_

Setup Date/Time: \_\_\_\_\_ Need facilities opened? \_\_\_ Yes \_\_\_ No

Will alcohol be served OR consumed at the event \_\_\_ Yes \_\_\_ No

Furniture / Special Furnishing Arrangements/ Setup Requested, Setup Requested? \_\_\_Y \_\_\_N

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**See Holy Family Facility Fee Schedule**

Usage Fee \_\_\_\_\_  
Setup Fee \_\_\_\_\_  
Cleaning and Damage Deposit \_\_\_\_\_  
Total Fee: \_\_\_\_\_

I have read, accept, and agreed to abide by the Holy Family Facility Use Policy. I shall be responsible for any damage or loss sustained to the facilities or property of Holy Family Catholic Parish. I have attached a signed copy of the Holy Family Assumption of Risk and Indemnity Agreement along with payment of the required fees. I hereby submit my request for use of the above noted facilities at the date and time listed. I understand that if disapproved, all attached fees will be returned to me.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Facilities Review Board Use Only**

Date: \_\_\_\_\_ Approved \_\_\_\_\_ Insurance Required \_\_\_\_\_ Disapproved \_\_\_\_\_

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**Assumption of Risk and Indemnity Agreement**

Date: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

**Description of Activity:**

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The undersigned person request permission to make use of the parish facility for the intended purpose described above.

In consideration of "permissive entry" to the facility, the undersigned, their personal representative, heirs and assigns, **do hereby:**

1. **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** Holy Family Catholic Parish, the Roman Catholic diocese of Knoxville, and their agents, employees and volunteers (releasee) for any and all claims and liability arising out of the conduct or lack thereof on the part of the releasee or any other user of the facility which causes the undersigned injury, death or property damage, and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expenses releasee may incur by participation in the described activity.
2. **UNDERSTAND** that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3. **ACKNOWLEDGE** that the undersigned is aware of equipment and safety regulations and will comply with each regulation ASSUMING ALL RISK for themselves and all liability to others for failure to do so. No oral representations or inducements have been made to obtain my signature on this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

**I HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.**

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Printed Name

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Signature