

FACILITY USE AGREEMENT

Parish / School Full Name ("Parish") _____

Organization, Group, or Individual ("Contracting Party")

Name of Organization, Group, or Individual: _____

Contact Person: _____

Phone: _____

Mailing Address: _____

Alternate Contact Person: _____

City, State, Zip: _____

Alternate Phone: _____

Purpose of event: _____

Event Details ("Event")

Single Event Recurring Use of Facilities Frequency: _____ (weekly, monthly, etc)

Date(s) of Use: _____

Time of Use: From _____ to _____

Area of Parish to be used (the "Premises"):

Estimated number of attendees: Youth (under 18): _____ Adults: _____

Is Event open to the public? Y N

Is Event a fundraiser? Y N

Will food be served? Y N
Food Service Policy Reviewed _____ (Initials)

Will alcohol be served? Y N Alcohol Not Permitted
Alcohol Policy Reviewed _____ (initials)

Will Event be catered? Y N

Will alcohol be for sale? Y N (License required)

Caterer: _____

Will there be carnival rides, bounce houses, etc? Y N

Will the kitchen be used? Y N
Cleanup Policy Reviewed _____ (Initials)

Will there be valet parking? Y N
Parking Policy Reviewed _____ (Initials)

Will there be decorations, sound equipment, lights, etc? Y N

Description: _____

****** PLEASE READ ALL PAGES CAREFULLY BEFORE SIGNING ******

CONTRACTING PARTY (HEREINAFTER INDEMNITOR) AGREES TO FULLY AND UNCONDITIONALLY PROTECT, INDEMNIFY AND DEFEND THE PARISH, THE ROMAN CATHOLIC DIOCESE OF DALLAS AND THEIR RESPECTIVE OFFICERS, AGENTS AND EMPLOYEES (COLLECTIVELY "INDEMNITEES") AND HOLD EACH OF THEM HARMLESS FROM AND AGAINST ANY AND ALL COSTS, EXPENSES, OBLIGATIONS, ATTORNEY FEES, CLAIMS, DAMAGES, DEMANDS, SUITS, JUDGMENTS, LOSSES OR LIABILITY FOR INJURIES TO PROPERTY, INJURIES TO PERSONS (INCLUDING INDEMNITOR OR ANY OF INDEMNITOR'S EMPLOYEES, AGENTS, AND CONTRACTORS), INCLUDING DEATH, AND FROM ANY OTHER COSTS, EXPENSES, ATTORNEY FEES, CLAIMS, SUITS, LOSSES OR LIABILITIES OF ANY AND EVERY NATURE WHATSOEVER ARISING IN ANY MANNER, DIRECTLY OR INDIRECTLY, OUT OF, IN CONNECTION WITH, IN THE COURSE OF, OR INCIDENTAL TO THE EVENT AND/OR USE BY INDEMNITOR OF THE PREMISES, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE, OR CONCURRENT NEGLIGENCE OF ANY INDEMNITEE.

I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT AND ALL APPLICABLE POLICIES AND PROCEDURES.

Signature of Contracting Party _____

Date _____

Signature of Parish Representative _____

Date _____