

Release and Indemnity Form

This Release and Indemnity Agreement is between the above-named organization ("Organization") and Holy Trinity Episcopal Church ("Church").

RECITALS

- The church is the owner of the real property and improvements located at 5333 Clyde Park Ave. SW, Wyoming, Michigan ("Property").
- Organization desires to use the property described above for meetings and other activities.

AGREEMENT

NOW THEREFORE in consideration of Church permitting Organization to use the Property and improvements described above, Organization agrees as follows:

1. Organization hereby releases, discharges, and covenants not to sue Church or administrators, directors, agents, officers, members, volunteers, and employees, from any and all liability, claims, demands, losses or damages arising out of Organization's use of the Property. If any member, guest, invitee, or participant members, volunteers, or employees, in connection with Organization's use of the Property, organization will indemnify, defend and hold Church and its administrators, directors, agents, officers, members, volunteers, or employees harmless from any and all litigation expenses, attorney fees, losses, liability, damages, and costs arising out of such claim.
2. Organization represents that it carries standard general liability insurance coverage with minimum of \$500,00 per occurrence. Upon request, Organization will provide Church with proof of liability insurance and if requested, will add Church as an additional insured under Organization's general liability policy.

ACCEPTANCE OF RESPONSIBILITY

I agree to be responsible for the conduct of those coming to, or participating in, the activity for which this application is being made, and for any damage beyond normal wear and tear that may occur as a result of this activity. I will remove all signs posted by my group after the meeting as ended. I further agree that Church property will be used in accordance with e Rules and Regulations of the Official Board, and I hereby consent to the Release the Indemnity Agreement.

Name of Organization _____

Name of Person Accepting Responsibility _____

Contact Information (address, email and phone) _____

Date(s) and Times(s) of Meeting(s) _____

Fees Received with Application _____

Signature of Person Accepting Responsibility _____

Print Name _____

Date _____

The Holy Trinity Person Reviewing/Accepting Application

Date _____ Name _____

FOR OFFICE USE ONLY:

Request Approved _____ Request Denied _____

Agreed Fee Paid _____