

**Application and Facilities Usage Agreement**

THE INDIAN HILL CHURCH (IHC)  
6000 Drake Road, Cincinnati, OH 45243

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization's IHC sponsor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization's contact person: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) and time(s) of desired use: \_\_\_\_\_

Purpose and activity: \_\_\_\_\_

Number expected to attend: \_\_\_\_\_

If the attendees will include minors, indicate the number of minors and adult supervisors:

\_\_\_\_\_

IHC facilities that organization would like to use (e.g., Guild Hall, Library, Youth Center, playground): \_\_\_\_\_

Will chairs, tables or tablecloths be needed? If so, please indicate number: \_\_\_\_\_

\_\_\_\_\_

**CONDITIONS:**

- A. The Organization must be a non-profit organization with 501(c)(3) tax-exempt status.
- B. In consideration of IHC's granting it permission to use the above-named facilities on the indicated dates/times, the undersigned Organization agrees to comply with the terms of the attached Facilities Usage Agreement, which is a non-exclusive, non-transferable license to use the facilities only on the dates and for the sole purpose and activity stated above.
- C. The person signing below for the Organization has been authorized to sign on its behalf.

\_\_\_\_\_  
(Name of organization)

Indian Hill Episcopal - Presbyterian Church

By: \_\_\_\_\_ Approved by: \_\_\_\_\_  
(Name and title) (name and title)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Facilities Usage Agreement

1. The organization will comply with IHC's risk management and insurance requirements. These include obtaining general liability insurance and, if minors will be using IHC's facilities, sexual misconduct liability insurance with an insurer, limits and endorsements acceptable to IHC.
2. Within ten days of the date of IHC's approval of its application, the organization will deliver to IHC's Business Manager a *Certificate of Insurance naming IHC as an additional insured on all primary and excess policies needed to meet IHC's requirements*. If the Certificate is not timely delivered, the activity will be removed from IHC's calendar, and the application form must be resubmitted with no guarantee of acceptance.
3. Cancellation or expiration of any required insurance may result in the immediate revocation of the organization's permission to use IHC's facilities. IHC reserves the right to request the following policy provisions or endorsements: waiver of subrogation; advance notice of non-renewal or cancellation; primary and non-contributory; and extension of the organization's general liability and sexual misconduct coverages to IHC.
4. The organization has inspected the facilities it will be using and accepts them for use in their present condition. IHC make no representations regarding the facilities, including their suitability or fitness for the organization's intended use.
5. The organization agrees that this Agreement gives it no interest in IHC's facilities, that it has no right to exclude IHC from the facilities and that it will not use them for any purpose or activity other than the ones stated in the attached Application.
6. The organization will pay such fees as may be due under IHC's current **Fee Schedule**, a copy of which is attached. Failure to make timely payment may result in IHC's revocation of this Agreement.
7. The organization's right to use IHC's facilities shall be non-exclusive and non-transferable and shall begin and end on the dates and times stated on the attached Application.
8. The facilities will be left in the same state of repair and cleanliness as found. This includes placing any garbage/waste in appropriate receptacles and removing all personal belongings. Any damage will be the responsibility of the organization which will reimburse IHC the cost of replacement or repair.
9. The organization agrees that the following are prohibited anywhere within the church buildings or elsewhere on church property: firearms of any type or description; smoking or tobacco use of any kind; possession or use of illegal substances; the sale of tickets to an event or meeting; and possession or consumption of alcoholic beverages except in compliance with IHC's **Policy on the Use of Alcoholic Beverages**, a copy of which is attached.
10. The organization agrees that it will not use the kitchen or its components unless specifically approved in advance and that its use of IHC's facilities will comply with all applicable federal, state, and local laws and regulations.
11. Promptly after its occurrence, the organization will report any incident involving property damage, bodily injury, or alleged bodily injury, to Heather Jordan, IHC's Business Manager, at 561-6805, ext. 301, and at [hjordan@indianhillchurch.org](mailto:hjordan@indianhillchurch.org). Within 24 hours, the organization will submit to Ms. Jordan a completed **Incident Report** in the form attached.
12. To ensure the safety of minors, at least two adult members of the organization will be responsible for supervising the minors while they are on IHC's premises. The actual number of supervisors will depend on the age and number of the minors, the nature of the activity, and the time/location of the activity.
13. IHC is not conducting or sponsoring any of the activities conducted or sponsored by the organization, nor is IHC providing any supervision of such activities, including those in which minors participate. The organization agrees to defend, and to the fullest extent provided by law, indemnify and hold harmless IHC, along with its officers, directors, trustees, employees, members, and volunteers, from and against any and all claims, demands, suits, liability, judgments, losses and costs arising, directly or indirectly, from the activities conducted or sponsored by the

organization, including claims and losses arising from damage to property or from injuries to or death of persons, except for claims or losses arising from the sole negligence or sole willful misconduct of IHC.

14. IHC reserves the right to adjust the desired date(s) and time(s) of use if the facility is required for IHC's purposes.

*Indian Hill Church is inviting you to use God's house as a way of showing the powerful sense of community that Christians share with one another and the world. We ask that you treat our Staff with courtesy and respect and that you comply with all IHC Staff directives. Persons violating these core tenets may be asked to leave the premises by any IHC Staff member, and IHC may revoke this Agreement for continued violations. Thank you.*

Attachments:

Fee Schedule

Policy on Use of Alcoholic Beverages

Incident Report

## **FEE SCHEDULE**

### **Guild Hall**

Usage fee	\$75 per day
Usage fee for Guild Hall and kitchen	\$100 per day
Setup / breakdown by sexton	\$20 per hour
Cleanup by sexton	\$20 per hour

You may set up, break down and clean up your event with no charge for these tasks. This option includes cleaning tables, putting away chairs, sweeping the floor and returning the room to its original order. When using the kitchen facilities, all cleanup must be done by the user or caterer unless alternative arrangements are made.

### **Kitchen (accessories)**

Dishes and tablecloths	\$35
Tablecloth cleaning	\$5 per tablecloth

### **Library**

Usage fee	\$50 per day
Setup / breakdown by sexton	\$20 per hour
Cleanup by sexton	\$20 per hour

You may set up, break down and clean up your event with no charge for these tasks. This option includes washing tables, putting away chairs, sweeping the floor, vacuuming the carpet, and returning the room to its original order.

### **Other rooms**

The daily usage fee for a classroom, the music room, or the room for babysitting is \$50.00. Sexton's setup or

cleanup of each room is \$20.00 per hour. If you perform these tasks, there will be no setup or cleanup charge.

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The hourly rate for the sexton represents reimbursement of IHC's out-of-pocket cost. The usage fee is a contribution to IHC's general overhead expense.

If you wish to use the sanctuary, Youth Center or any other Church facility, please contact the church office.

### To Reserve Facilities

To reserve use any of the facilities of the Indian Hill Church, please call the church office at (513) 561-6805, ext. 301, between 9 AM and 2 PM, Monday through Thursday.

**POLICY ON THE USE OF ALCHOLIC BEVERAGES**

**INDIAN HILL CHURCH  
Policy on the Use of Alcoholic Beverages**

The Policy on the Use of Alcoholic Beverages establishes a general framework for the use of alcohol. The Indian Hill Church expects its members to take responsibility for their own actions and to act to reduce any risks of damage and any harm to themselves or others.

The service and consumption of alcoholic beverages at the Indian Hill Church is regulated by federal and state laws and by local ordinance. All members are obligated to obey these laws, regulations, and ordinances. Members are individually responsible for determining how applicable laws, regulations, and ordinances apply to them and obeying them.

Written approval must be given by a member of the Advisory Committee\* when alcohol is to be served at any event.

As a further guide to the use of alcohol, members must observe the following practices when alcoholic beverages are served:

1. Only beer and wine may be served
2. Alcoholic beverages may not be sold
3. An appropriate number of non-alcoholic beverages must be provided at the same place
4. Food in sufficient quantity for the number of persons must be provided
5. Discontinue the service of alcohol for a reasonable period prior to the anticipated end of the event
6. Establish a specific beginning and ending time of availability of such alcoholic beverages in advance
7. Sponsors of the even must accept responsibility for
  - a. Identifying all persons not of drinking age and ensuring that these individuals are not served
  - b. Ensuring that non-alcoholic beverages are available as well as readily available food
  - c. Ensuring that alcohol is not served to any person who is intoxicated
  - d. The consumption of alcoholic beverages only being permitted within the approved area designated for the event
8. In any function where alcoholic beverages are served at least three sponsors, including Vestry-Session member, must be designated by the group and must assume responsibility for ensuring adherence to these guidelines

**Other Guidelines and Procedures**

- Event sponsors must have prior approval for the service of alcoholic beverages at special events
- The Advisory Committee is to be notified in advance of the intent to serve alcoholic beverages
- The use of alcoholic beverages at The Indian Hill Church functions is restricted to those functions where sponsors have accepted responsibility and have received written permission of the Advisory Committee
- Those assuming responsibility for supervising the event should always be present
- Anyone serving alcohol at an event must be at least 21 years of age

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_  
\_\_\_\_\_

Advisory Committee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\*Advisory Committee members include the Episcopal and Presbyterian Clergy, the Senior Warden, the Junior Warden, the Clerk of Session and Assistant Clerk of Session

**INCIDENT REPORT**  
**Indian Hill Episcopal - Presbyterian Church**

Complete this form whenever a person sustained, or has allegedly sustained, or is suspected of having sustained, a bodily injury, including physical or sexual abuse; received first aid of any kind; and/or required emergency transportation.

Please submit a copy of this report as soon as possible to Heather Jordan, IHC's Business Manager, either in person or via email to [hjordan@indianhillchurch.org](mailto:hjordan@indianhillchurch.org) and please inform Heather by phone at (513) 561-6805, ext. 301. If physical or sexual abuse has occurred, or is suspected, please contact Rev. Stephen Caine by phone at (513) 561-6805, ext. 305, and by email at [scaine@indianhillchurch.org](mailto:scaine@indianhillchurch.org), as soon as possible.

**I. Location where incident occurred.**

Indian Hill Episcopal - Presbyterian Church 6000 Drake Rd. Cincinnati, Ohio or \_\_\_\_\_ (other location)

**II. Description of incident**

1. Name of person who has sustained, or has allegedly sustained, or is suspected of having sustained, a bodily injury or abuse: \_\_\_\_\_
2. Is the person an adult or minor? \_\_\_\_\_
3. If the person is an adult, provide his/her contact information. If a minor, provide names of, and contact information for, the minor's parents. \_\_\_\_\_
4. A person's relationship to IHC (member, visitor, employee, volunteer or other). \_\_\_\_\_
5. Describe the incident, including the date and time. \_\_\_\_\_
6. Names of and contact information for any witnesses. \_\_\_\_\_
7. Describe the person's injury or alleged / suspected injury.  
\_\_\_\_\_  
\_\_\_\_\_
8. What was the person doing when the incident happened?  
\_\_\_\_\_  
\_\_\_\_\_
9. Where did the incident happen?  
\_\_\_\_\_  
\_\_\_\_\_
10. If the incident involved a minor, provide the name of, and contact information for, the activity leaders/helpers who were supervising or participating at the time of the incident.  
\_\_\_\_\_  
\_\_\_\_\_
11. How did the person respond after the incident?  
\_\_\_\_\_  
\_\_\_\_\_
12. Was first aid given, or some other action taken? If so, by whom and describe what was done.  
\_\_\_\_\_  
\_\_\_\_\_
13. Was the person taken to a hospital, medical facility or doctor? If so, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_

**III. Sexual Misconduct**

1. If the incident involved sexual misconduct, or alleged or suspected sexual misconduct, please provide the following information about the person suspected of the misconduct: name, home address, cell phone number and email address.  
\_\_\_\_\_  
\_\_\_\_\_
2. Was the person suspected of misconduct engaged in a leadership or supervisory position at the time of the incident? If so, describe the position. If not, why was the person present at the time?

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**IV. Additional information**

Please provide any additional information you consider relevant:

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Printed name and signature of person completing this form:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed name and signature of witness or witnesses: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**Printed name and signature of parent if minor is involved:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Parental confirmation that he/she received a copy of this report:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Printed name and signature of additional report recipient:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_