

ST. MATTHEW CATHOLIC CHURCH

10703 Wurzbach Road, San Antonio, Texas 78230-2499

Facility Reservation Form For McDonald Family Center (Gym) Use Only

Please complete this form to reserve the use the gym. **No facilities** will be reserved without this form. Snail mail, email (cjuarez@stmatts.org), fax (696-8858) or bring form to the Administration Building or to the Athletic Director as soon as possible.

Name of Organization and/or User: _____ **Event Name:** _____
(Basketball, Volleyball, etc.)

Home Phone: _____ **Work #:** _____ **Cell #:** _____

Use of Facility Time: Start _____ **End** _____ **Approximate # of Attendees:** _____

Fill In The Actual Dates Needed -- (Every third Wednesday or such will not be accepted) – Shaded area for Office Use Only

Month	Week 1		Week 2		Week 3		Week 4		Week 5	
	Date Needed	Paid	Date Needed	Paid	Date Needed	Paid	Date Needed	Paid	Date Needed	Paid
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										

PLEASE NOTE: All facilities will be closed to non-liturgical meetings and/or events for the following days: (New Years Day, Martin Luther King, Jr., Ash Wednesday, Holy Thursday, Good Friday, Holy Saturday, Easter Sunday, Battle of Flowers Day, Day Before & Day of Church Festival (first Saturday & Sunday of May), Memorial Day, Independence Day, Assumption of Mary, Labor Day, All Saints Day, Thanksgiving, Christmas, Lent & Advent Mission Days, plus any days deemed necessary)

I Have Received & Accept & Will Abide By The Rules & Policies as stated on this form & any others enforced by the church.

Signature

Date

RULES & POLICIES

- 1) Use of Facility is only for those connected to this event and who have previously filled out the Liability Waiver Form.
- 2) Employees and volunteers of the Archdiocese of San Antonio who directly minister, work or volunteer with minors and/or vulnerable persons must be screened for a Criminal Background Check.
- 3) Users will provide own supplies and/or equipment.
- 4) Users will not occupy facility earlier than as stated on the Facility Reservation Form. Event invitees will vacate at or before the end of the requested period as stated in the Reservation Form, which shall be no later than 9:00 p.m.
- 5) No alcohol is allowed inside or outside of the building during or after the function.
- 6) **ST. MATTHEW CATHOLIC CHURCH IS A NON-SMOKING FACILITY.**
- 7) All individuals attending functions are to confine their activities to the facility being used. This includes all children. Children are not to be left unattended.
- 8) User accepts complete responsibility for any damage to the facility and/or to the surrounding areas as a result of the Event.
- 9) Loitering about the grounds is not permitted, either during hours of use or after normal closing hours.
- 10) Use of facility will be used for purpose stated on Reservation Form or event will be terminated immediately.
- 11) St. Matthew Catholic Church assumes no liability for vehicles on its premises.

RESERVATIONS

- 1) **The rental fee for the use of the McDonald Family Center is \$25.00/hour for a registered parishioner and \$50.00/hour for a non-parishioner.**
- 2) The rental fee must be paid in advance. If not received seven days prior to Event, the event will be cancelled.
- 3) To request a reservation, complete the Facility Reservation Form with a seven-day lead-time prior to the event. No last day or minute reservations will be taken. No reservations will be taken without out the form.
- 4) All sports related activities for facilities will be coordinated and approved through the Athletic Director at 210-478-5027. AD will forward it to the Facilities Manager to finalize the reservation.
- 5) Notify the receptionist's 478-5000 about any cancellations.
- 6) **ST. MATTHEW'S RESERVES THE RIGHT TO CANCEL AND/OR CHANGE ANY RESERVATIONS.**

ST. MATTHEW CATHOLIC CHURCH

10703 Wurzbach Road
San Antonio, Texas 78230-2499
(210) 478-5000 FAX (210) 696-8858

LIABILITY WAIVER FORM

Have each participant fill out this form. (Make additional copies if needed)

PARISH: St. Matthew Catholic Church

FACILITY IN USE: McDonald Family Center (Gym)

PARISH IS UNDERSTOOD TO INCLUDE THE DIOCESE/ARCHDIOCESE OF: San Antonio

FACILITY USER (PARTICIPANT'S NAME) _____

HOME ADDRESS/CITY/STATE/ZIP _____

HOME PHONE (____) _____ BUSINESS (____) _____ EMERGENCY # _____

A BRIEF DESCRIPTION OF THE ACTIVITY/EVENT _____

DATE(S) OF EVENT _____ TIME OF EVENT _____

INDIVIDUAL(S) IN CHARGE _____

The above named **FACILITY USER** agrees to defend, protect, indemnify, and hold harmless the above named **PARISH** against and from all claims arising from the negligence or fault of the above named **FACILITY USER** or any of its agents, family members, officers, volunteers, helpers, partners, organizational members, or associates in connection with the operations of the above named **FACILITY USER** at the above named **PARISH**.

FACILITY USER agrees to provide a certificate of insurance to the **PARISH**, which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence. **FACILITY USER** also agrees to have the **PARISH** named as an "Additional Insured" on its general liability policy for the **DATES OF EVENT** in relationship to the **FACILITY USER'S** activities. It is agreed that **FACILITY USER** also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against **PARISH**.

If and only if **FACILITY USER** fails to comply with the above (second) paragraph, then **FACILITY USER** agrees to protect, defend, hold harmless, and fully indemnify the above named **PARISH** for any claim or cause of action whatsoever which takes place during the above identified **DATES OF EVENT** that is brought against the **PARISH** by the above named **FACILITY USER** or its employees, agents, guests, invitees, customers, partners, family members, organizational members and associates, even if such claim arises from the alleged negligence of the **PARISH**, its employees or agents or the negligence of any other individual or organization not a party to this agreement. If any paragraph or sentence of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Signed by: _____ Date: _____
(Facility User or an Official Agent of Facility User)

Printed Name and Title: _____