GUIDELINES FOR USE OF CHURCH FACILITIES Grace Community United Methodist Church 9400 Ellerbe Road Shreveport, LA 71106 Office: 318-865-2070 Fax: 318-865-6011 www.gracehappens.org

RELEASE & HOLD HARMLESS AGREEMENT

I/We the undersigned	, authorized representative(s) of_	of the	е
City of	, State of Louisiana, shall	be using the building and grounds of	
Grace Community Un	ited Methodist Church ("Grace"),	Shreveport, LA, fromto)
, 20	_for the purpose of	, here referred to as "the	;
Activity".			

I/We understand and agree that neither Grace, nor its Trustees, Representatives, Employees, or Agents may be held liable in any way for any occurrence in connection with the Activity which result in injury harm, or other damages to the undersigned or members of our organization and guests, invited or not.

As part of the consideration for being allowed to use your facility, building, and grounds in the Activity, I/We hereby assume all risk in connection with participation in the Activity. I/We further agree to hold harmless and indemnify, voluntarily release and forever discharge Grace, its staff, associates, volunteers and/or agents for any illness, injury, or financial obligation that may occur. It is further understood that I/We have sufficient medical and liability insurance. My/Our express intention is that such release and indemnity will apply to any claim, suit, damages or liability whatsoever arising in whole or part from my/our negligence, the negligence of Grace, or any of its employees, officers, agents, volunteers, or servants, or any other person's negligence, gross negligence or any other form of negligence. I/We further agree to save and hold harmless Grace, its Trustees, Employees, Agents, or Representatives from any claim by the undersigned member of the Organization, their estates heirs or assigns arising out of our participation in any form or fashion in the Activity. I/We also authorize Grace, its Employees or Agents to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm, or accident occur while participating in the Activity.

I/We further state that I/We are authorized to sign this agreement: that I/We understand the terms herein are contractual and not mere recital; and that I/We have signed this document of my/our own free act and volition. I/We further state and acknowledge that I/We have fully informed ourselves of the content of the affirmation and release by reading it before I/We sign.

I/We have executed this affirmation and release on:	day of	, 20
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Authorized Signature:	Witness:
Printed Name:	Printed Name:
Additional Signature (if needed):	
Printed Name:	