

Unitarian Universalist Fellowship of Central Michigan  
319 S. University, P.O. Box 41  
Mount Pleasant, MI 48804-0041

**Request for Building Use/Waiver of Liability**

Please fill out completely.

**Name of Person Making Request:**

**Name of Organization Represented (if applicable):**

**Name of Contact Person (if different from above):**

**Full Mailing Address:**

**Phone(s):**

**Email address:**

**Room(s) requested:**

**Date(s) requested:**

**Time(s) [must be specified]:**

**Purpose for use:**

**Estimated expected attendance:**

**Additional information:**

Please read and sign:

- (1) I release the Unitarian Universalist Fellowship of Central Michigan, its agents, officials, and other associates from liability for harm, damage, theft, and/or injury that may be suffered traveling to and from or during participation in activities and programs conducted in the building of the Unitarian Universalist Fellowship of Central Michigan.
- (2) I acknowledge that I have received and read the Building Usage policy for the Unitarian Universalist Fellowship of Central Michigan. I agree to abide by all of its terms. I am aware that under this policy, I and any organization on behalf of which I am making this reservation are responsible for promptly remedying any mess or damage resulting from use during the period of the reservation. I agree that if damages are not remedied within 30 days, UUFCM may make repairs and bill me or my organization.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Office use:

Person receiving reservation:

Fee: \$

Fee receipt date:

Security deposit (\$ 150) received: Y/ N

Security deposit refunded: Y/N