

**NEW MOUNT OLIVE BAPTIST CHURCH**  
400 Northwest Ninth Avenue Fort Lauderdale, FL 33311  
Telephone (954) 463-5126 Facsimile (954) 525-9454

**Use of Facility Agreement and Application**

**ORGANIZATION APPLICATION**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_  
(daytime) (evening)

Type of Activity: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Day of Week \_\_\_\_\_

Building Reserve Time: From \_\_\_\_\_ To \_\_\_\_\_ Event Start Time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*This application will be reviewed and verified before final approval is granted.*

FOR OFFICE USE ONLY

APPROVED \_\_\_\_\_ SCHEDULED DATE \_\_\_\_\_

NOT APPROVED \_\_\_\_\_ REASON \_\_\_\_\_

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**Facility Use Fee Structure**

*Organization Fees*

<b>Activity</b>	<b>Location</b>	<b>Fee</b>	<b>Amount Due</b>
Program.....	Main Sanctuary .....	\$500.00 .....	_____
Banquet/Reception.....	Fourth Floor .....	\$500.00 .....	_____
Kitchen.....	Fourth Floor .....	\$250.00 .....	_____
Security Deposit.....		\$150.00 .....	_____
Custodian (minimum 3 hrs) .....		\$15.00 hrly ...	_____
Security (minimum of 3 hrs).....		\$22.00 hrly ...	_____
Media Specialist (minimum of 3 hrs) .....		\$10.00 hrly ...	_____
		Total Due	_____

*Any special arrangement of tables, chairs, or set-up of audio equipment (microphones) must be requested at least **14 days prior to the activity.***

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Record of Payment	Total Fees \$ _____
Payments: Date _____ Amt _____	Balance Due _____
Date _____ Amt _____	Balance Due _____
Date _____ Amt _____	Balance Due _____

**NEW MOUNT OLIVE BAPTIST CHURCH**  
**RELEASE AND INDEMNITY AGREEMENT**

IN CONSIDERATION of the use of New Mount Olive Baptist Church, leased to the undersigneds, the undersigneds forever release, discharge, and covenant to hold harmless and indemnify New Mount Olive Baptist Church and any other person who is associated with or employed by New Mount Olive Baptist Church, firm, or corporations charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assigns, from any and all personal injury or wrongful death claims, demands, costs, expenses, loss of services, actions, and causes of action, belonging to the undersigneds, their relatives, heirs, successors, assigns, friends, and visitors, or to the undersigneds, arising out of any act or occurrence that may occur during the activity for the \_\_\_\_\_ or during the event that will occur on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ and particularly on account of all personal injury, disability, property damages, losses, or damages of any kind sustained or that may hereafter be sustained by the undersigneds, their heirs, relatives, friends, and/or visitors, in consequence of an accident or incident that may arise out of any conduct or actions by anyone before, during, and/or after the activity that will occur on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

The undersigneds agree as a further consideration and inducement for this release, hold harmless, and indemnity agreement, that it shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting from said incident, accident, or occurrence that may arise from said event.

THE UNDERSIGNEDS HAVE READ THE FOREGOING RELEASE AND FULLY UNDERSTANT IT.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Witness \_\_\_\_\_ L.S.

\_\_\_\_\_  
Witness \_\_\_\_\_ L.S.

STATE OF FLORIDA     )  
  ) SS.:  
COUNTY OF BROWARD    )

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to be known to be the person(s) named herein and who executed the foregoing Release and \_\_\_\_\_ acknowledged to me that \_\_\_\_\_ voluntarily executed the same.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: