

# "The Church of Peace and Love" Pastor Branden A. Jones

800 Northwest Eight Avenue Pompano Beach, Florida 33060 Office: 954-943-2422 Fax: 954-943-2186

Email: MtCalvaryPompano@outlook.com Website: www.mtcalvarypb1902.org

Dear Visitors,

T. .. C.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19. By participating in programs, services, and activities at Mount Calvary Baptist Church, you agree to the following: On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless to Mount Calvary Baptist Church of Pompano Beach, Florida, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service, or activity.

Visitor Signature:		
Printed Name:		-
Date:	_	
Name of Person in Charge:		



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### **Rental Fees**

The rental fee for Activities (Monday thru Saturday)

Use of Church (including Custodian and Church Sound Technician)	\$750.00
Security Deposit -Wedding Only	\$200.00
Kitchen/Dining Room	\$250.00
Church Musician	\$125.00
Church Percussionist	\$100.00
Church Director	\$125.00



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### **RELEASE WAIVER**

\$200.00 REFUNDABLE SECURITY DEPOSIT is required for the use of the Facility to hold the date and if you decided to not use the facility, you must notify within one (1) week of the event to receive the refundable amount. If damage occurs during the event, deposit for such damage will be withheld. If the damages are greater than said deposit, then applicantshall be liable for the remaining costs. If no damages occur, you are considered to a full refund of your Security Deposit.

By entering his/her/their signature(s) below, the undersigned acknowledge(s) that approval of this application by Mount Calvary Baptist Church does not make the CHURCH a participant in, or a sponsor of the event. The undersigned do(es) hereby agree to indemnify, defend andhold harmless Mount Calvary Baptist Church of Pompano Beach, all of its officers, staff, volunteers, advisors, members, ministries and/or representatives, from and against any and all liabilities, claims, demands, causes or actions and loss (including attorney's fees) which may be brought or imposed on or incurred by any of them arising from any negligence or other acts or omissions of the undersigned, its (their) agents and/or its (their) members, and/or any event participants, alleged to havecaused, in whole or in part, any injury to any person(s) or damage to any property occurring during participation in, or caused as a direct proximate results of, this event.

I, (we), the undersigned applicant(s), have read thoroughly and fully understand the content spelled out in full in this CONTRACT.

DATED:	
APPLICANT:	
	Name of Organization
NAME:	
NAME	
	Signature of Authorized Representative



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### APPLICATION REOUEST FORM FOR FUNERAL

NAME OF DECEASED:						
DATE OF FUNERAL:	TIME					
DATE OF WAKE:	TIME					
NAME OF THE FUNERAL HOME						
ADDRESS						
CITY	STATE ZIP CODE:					
	CELL NUMBER					
	STATEZIP CODE:					
PHONE NUMBER	CELL NUMBER					
Facilities needed (Please check all	boxes that apply)					
□ Sanctuary	□ Kitchen					
□ Dining Room □ Pastor Needed □ Musician, Choir, Ushers						
Equipment needed (Please check all boxes that apply)						
□ Microphone	□ Projection Screen					
□ Sound System	□ Keyboard					
□ Organ	□ Drums					

Renter's Name	
	(Please Print)
Renter's Signature	
Date	
**Facility is to be closed/additional overtime fee.	locked at 9:00 PM - beyond this time will require an
additional overtime f⊖⊖.	Tocked at 9:00 PM - beyond this time will require an RESPONSIBLE FOR THE FAMILY'S REPAST
additional overtime f⊖⊖.	
THE CHURCH IS NOT	

I/We have read and understand the Mount Calvary Missionary Baptist Church

By signing this application, I/We confirm the following:

YAIVED: \_\_

The Mount Calvary Baptist Church reserves the right to refuse any application without providing a reason for doing so and reserves the right to impose special conditions where the nature of the application so demands. If the Church accepts the application the Organization and the Contact Person whose name appears on the application shall be deemed to be the renterand shall be jointly and severely liable and responsible for all charges and payments and for compliance with all regulations and conditions. Additionally, and deposit will be kept covering all loss or damage.

REASON FOR FEE WAIVER\_\_\_\_\_



SIGNATURE:\_\_\_\_