BUILDING USE GUIDELINES & AGREEMENT
Skyridge Church of the Brethren
394 S. Drake Road—Kalamazoo MI

269-375-3939—office@skyridge.org

Dear Friend(s):

Thank you very much for your interest in using space at Skyridge Church of the Brethren (Skyridge COB). We're always glad to share the space with others, and to have folks bring good energy and spirits into the building. We see your enjoyment and use of our building as both service and good stewardship of our resources.

In return, we ask that you care for and respect the property and help us cover the costs of upkeep and utilities. With this in mind, when you're in the building, please:

- Use all furniture, fixtures, appliances, dishes, and other equipment with care.
- Notify us of any damage or breakage that occurs during your use of the building.
- Keep dogs leashed. Dogs must be leashed at all times whether in or outside of the building.
- Mop spills and sweep major residue, garbage, and litter. (Equipment in utility closet shown on map).
- If you are a large party, carry out your own garbage and recycling and replace all garbage bags. (Large bags in utility closet shown on map).
- Wash all pots and dishes used and wipe countertops. (Dish soap under sink)
- Leave the building in the same basic condition you found it in, including:
    - Returning thermostats to original temperature
    - Turning out all lights
    - Making sure stoves and ovens are turned off
    - Making sure all doors are closed and that exterior doors are locked
- Do not smoke or vape tobacco products inside.
- Do not use alcohol, cannabis products, or any illegal substances on the property.
- Do not litter outside.

Also, if you notice a repair or maintenance issue that we may not be aware of, please let us know.

We try very hard to be good hosts and to maintain a pleasant, welcoming space. And we're grateful for your efforts to be gracious co-inhabitants of the building.

Please describe your intended use of the building:

Room(s) to be used:

____ Sanctuary ____ Classroom(s) ____ Lobby
____ Kitchen ____ Meeting room ____ Patio

How often will you be using the building:

____ Once. Date: _____ Time: _____
____ Weekly. Day: _____ Time: _____
____ Monthly. Day: _____ Time: _____
____ Ongoing
____ Other. Describe: _____

Do you anticipate use of any outdoor space? (circle one): YES NO

If so, what general area outdoors?

Are you being issued an exterior door key? (circle one): YES NO Key No._____
Keyholder name, phone #, _____

____ Temporary Date of Return: _____
____ Ongoing

Other notes regarding use:

Suggested donations per use:

____ Individual Skyridge member or participant
Suggested donation $10-$50

____ Organization with Skyridge member or participant
Suggested donation $20-$75

____ Organizational meetings without Skyridge member or participant (e.g., cub scouts, etc.)
Suggested donation $50-$100

____ Social events, & parties, and public events (e.g., weddings, elections, etc.)
Suggested donation $125-$250
Note: large parties are also asked to carry out their own garbage/trash/recycling.

____ Other (describe):
Suggested donation: _____

*If free use, describe reason:

Amount paid: Received by:

Payment arrangement for monthly or ongoing use:

By signing this document, I acknowledge that I have read and agree to Skyridge COB's building use guidelines.

By signing this document, I affirm that neither I nor any group I help gather in this space will breach Skyridge COB's commitments to equity, inclusion, non-discrimination and nonviolent advocacy for justice.

By signing this document, I attest that I and/or the organization I represent (including its visitors and guests) agree to hold Skyridge COB harmless and to indemnify same from and against all liability and claims of liability or personal injury, death, illness, property damage, or any other loss or damage which may arise in any manner under this Building Use Agreement, unless such is due to the negligent conduct or inaction of Skyridge COB. Skyridge COB is not responsible for the loss of personal belongings or valuables.

Thanks for your patience in working this agreement out with us; it's our hope that this minimizes potential confusion and questions and serves both you/your organization and Skyridge COB well.

Date: Date:

_____ _____
Individual User or Organization Representative Skyridge Representative

_____ _____
Organization Represented Position

_____
Email

_____
Telephone

_____ Copy of agreement received (initial) _____ Copy of agreement filed (initial)