

Absalom Jones Episcopal Center and Chapel
807 Student Movement Boulevard Atlanta, GA 30314
404.521.1602 chaplain@absalomjones.org

**BUILDING USE AGREEMENT AND
WAIVER OF LIABILITY**

Personal Name or Name of Group _____

Authorized Signatory from Group _____

Address _____

Phone _____

Home

Cell

Work

Date / Time of Event _____

Room/Rooms to be used _____

Nature of event _____

Number Expected _____

Number of Adult Supervisors _____
(if needed)

Rental Fee due _____

**By signing this Building Use Agreement and Waiver of Liability:
I acknowledge receipt of the Absalom Jones Episcopal Center and Chapel
Site Regulations and Fee Schedule document;
I agree to abide by the terms and conditions as set forth in the Absalom
Jones Episcopal Center and Chapel Site Regulations and Fee Schedule
document;
I affirm that the group that I represent will not hold the Absalom Jones
Episcopal Center and Chapel, its offices, staff or members responsible for
any accident or injury incurred by any member of said group while
participating in the above event;
I affirm that all information represented above is submitted in truth to the
best of my knowledge.**

Signed: _____

Title: _____

Date: _____

Approved by:

Date: