

I/We the undersigned authorized representative(s) of (Name of Organization) of the city of \_\_\_\_\_, state of \_\_\_\_\_ shall be using the building and grounds of Grace Episcopal Church from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_, for the purpose of \_\_\_\_\_ herein referred to as “the activity”.

I/We understand and agree that neither Grace Episcopal Church, nor its trustees, representatives, employees, or agents may be held liable in any way for an occurrence in connection with the activity which may result in injury, harm, or other damages to the undersigned or members of our organization and guests, invited or not.

As part of the consideration for being allowed to use your facility, building and grounds as well as all appliances and fixtures in the activity, I/we hereby assume all risk in connection with participation in the activity. I/We further release Grace Episcopal Church, its trustees, employees, agents, or representatives for any damages which may occur while participating in the activity. I/We further agree to save and hold harmless Grace Episcopal Church, its trustees, employees, agents, or representatives from any claim by the undersigned member of the Organization, their estates, heirs, or assigns arising out of or participation in any form or fashion in the activity. I/We also authorize Grace Episcopal Church, its employees, or agents to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm, or accident occur while participating in the activity.

I/We further state the I/we are authorized to sign this agreement; that I/we understand the terms herein are contractual and not mere recital; and that I/we have signed this document of my/our own free act and volition. I/We further state and acknowledge that I/we have fully informed ourselves of the content of this affirmation and release by reading it before I/we signed it.

I/We have executed this affirmation and release on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

GRACE EPISCOPAL CHURCH  
123 West Washington Street  
Lexington, Virginia 24450  
540-463-4981

Addendum - Activities Involving Children and Youth

If the activity or activities being conducted will involve children and/or youth (persons under the age of 18 or persons who have not completed the 12<sup>th</sup> grade), the activity must comply with the following requirements:

- There shall be a minimum of two (2) adults per room in any room containing children and/or youth.
- These two adults must not be from the same immediate family.
- Any one-to-one mentoring or consulting shall be conducted in sight of another adult.
- Adult is defined as a person over the age of 21.
- Adults involved in the activity must have been screened by either the organization conducting the activity or through Grace Episcopal Church's normal screening process. The minimum level of screening shall include the conduct and analysis of National Criminal File check, a sex offender files search and a county level file search. Organizations requesting use of the Grace Episcopal Church grounds and/or facilities may either certify that the above requirements have or will be met. If an organization cannot certify that compliant screening has been accomplished for at least 2 adults per room, that organization may request that Grace Episcopal Church accomplish this screening for a fee of \$20.00 per person. Each person to be screened by Grace Episcopal Church must complete a CRIMINAL HISTORY INFORMATION RELEASE FORM.

CERTIFICATION OF COMPLIANCE WITH CHILD ABUSE PREVENTION POLICY

I/We the undersigned authorized representative(s) of (Name of Organization) of the city of \_\_\_\_\_, state of \_\_\_\_\_ do hereby certify that our organization understands and will comply with the two-adult provisions of the Child Abuse Prevention Policy of Grace Episcopal Church. I/We further certify that two adults per room have been screened in a manner compliant with the policy. I/We have executed this certification on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature:

Signature:

I/We request screening for the individual persons indicated on the attached form(s)

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## Criminal History and Sex Offender and Crimes Against Minors Name Search

Last Name:

First Name:

Middle Name:

Suffix:

Maiden Name:

Sex:

SSN:

Race:

Date of Birth:

Non Profit Volunteer: Yes\_\_\_\_\_ No\_\_\_\_\_

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