

성당 시설물 이용 수칙

성 정하상 성당의 모든 건물과 시설물은 하느님을 따르는 신자들의 희생으로 공동체 내 복음 공유와 성당 신자들의 필요 충족을 위해 건축되었음에, 성당 내 모든 시설은 항상 사려 깊게 사용되어야 할 것 입니다. 성당 내 모든 활동은 품위 있고 정돈된 모습으로 성서 내에서 하느님을 섬기는 자세로 진행되어야 함을 원칙으로 합니다.

1. 성당 내(본당, 소성당, 교육관, 체육관 외 성당부대시설물 이하 총칭하여 '시설물') 시설물은 주 6 일(화요일~주일) 운영하는 것을 원칙으로 합니다.
2. 시설물은 성당 직원의 근무 시간을 기본으로 운영합니다.
3. 사전 승인이 있는 경우를 제외하고, 시설물은 밤 9 시까지 운영합니다.
4. 시설물 사용 우선 조건은 아래와 같이 정합니다.
 - A. 기존 예정된 성당 연중행사나 교육단체가 우선으로 사용합니다.
 - B. 교우 참가 단체 (교우 75% 이상).
 - C. 예약 우선 순위/등록.
 - D. 행사 사용자가 50 명 이상일때는 성당 주차장 수용량을 고려합니다.
5. 미성년자를 위한 시설물 사용시에는 부모/신자중에 성인 책임자 (2 이상) 의 서명과, 사용시간동안의 성인 감독/관리가 필요합니다.
6. 시설물 사용을 원하는 성당 내 단체는 사전(3 주 전)에 해당부서장에게 서류제출하고, 외부단체일 경우에는 성당사무실로 제출해야 합니다.
7. 체육관련 행사를 위해 체육관 사용시는 사용 전 "책임면제 동의서"에 서명해야 하고, 규정 위반 시 즉시 이후 예약은 취소됩니다.
8. 시설물 이용 시 영리목적은 금지합니다.
9. 시설물 이용 후 정리 정돈 및 청소는 이용자 의무입니다.
10. 시설물 사용 중 발생하는 시설 및 집기의 파손은 사용자 부담으로 변상합니다.
11. 행사장에서 분실 또는 도난에 대하여는 본당의 책임이 없습니다.

<첨부양식>

1. 성당시설물 이용 신청서
2. 책임면제 동의서

성당 시설물 이용 신청서

| | | | |
|--|----|--|----------------------------|
| Group Name (단체명) | | | Date of Request: (신청일): |
| Date (일시) | | Requested Facility Location (모임장소) | |
| Purpose (목적) | | | |
| Name of Requestor (책임자) <Need 2 or more> | 1) | Telephone No. (연락처) | |
| | 2) | | |
| | 3) | | |

| | | | | |
|---|----------------------|-------|-----------------------|-------|
| Time Table (행사시간) | Start Time (시작시간) | | End Time (마침시간) | |
| Estimate Size of Group (행사참가인원) | | | | |
| Kitchen Use, if needed (부엌 사용여부) | | Y / N | | |
| Gym (체육관 사용시) | Table/Type | | Chairs (per table) | |
| | Audio Equipment | Y / N | Projector | Y / N |
| Additional Request for the Event, Be Specific. (기타 요청사항) | | | | |

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM (GYMNASIUM USE)

I (WE) HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH **St. Paul Chong Ha Sang Catholic Mission**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I (we) certify that I am (we are) physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I (we) certify that there are no health-related reasons or problems which preclude my (our) participation in this activity.

I (we) acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I (we) may participate, and that it will govern my (our) actions and responsibilities at said activity.

In consideration of my application and permitting me (us) to participate in this activity, I (we) hereby take action for myself (ourselves), my (our) executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I (WE) WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my (our) death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS:

St. Paul Chong Ha Sang Catholic Mission, and/or their directors, officers, employees, volunteers, representatives, agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I (we) acknowledge that **St. Paul Chong Ha Sang Catholic Mission** and their directors, officers, volunteers, representatives, agents, and the activity holders, sponsors, and volunteers are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I (we) acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I (we) hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I (we) understand while participating in this activity, I (we) may be photographed. I (we) agree to allow my(our) photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I (WE) CERTIFY THAT I (WE) HAVE READ THIS DOCUMENT AND I (WE) FULLY UNDERSTAND ITS CONTENT. I AM (WE ARE) AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I (WE) SIGN IT OF MY(OUR) OWN FREE WILL.

1) _____ / _____
Requestor's Signature Name (Print legibly) Date

2) _____ / _____
Requestor's Signature Name (Print legibly) Date

3) _____ / _____
Requestor's Signature Name (Print legibly) Date

_____ Office Use _____

Date Received: _____ By: _____