

## Facility Usage Agreement

Thank you for your interest in using the Philanthropy Center facility. In order to process your request, please complete and return this form. As part of our mission we offer the rooms at no charge, however, donations are appreciated. *Reservations are not confirmed until this agreement is signed by both parties.*

By mail: The Community Foundation for McHenry County  
33 E. Woodstock Street  
Crystal Lake, IL 60014

By email: [connect@thecfmc.org](mailto:connect@thecfmc.org)

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event Purpose: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Meeting Frequency:  One-time  Weekly  Bi-Weekly  Monthly  Quarterly

Date(s) Requested: \_\_\_\_\_

Set-Up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Tear Down Complete: \_\_\_\_\_

Set-Up Needs:  Projector  Laptop  Mic  Conference Call  6' Tables (2)

*In consideration of being permitted the use of the space, the undersigned on behalf of the organization using the space, hereby fully discharges and agrees to indemnify The Community Foundation for McHenry County (CFMC) for any and all known or unknown claims of liability that are asserted against CFMC arising from its use of the space.*

I have read and agree to the guidelines of the Facility Usage Agreement.

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foundation Representative

\_\_\_\_\_  
Date

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**Staff Notes**