



The  
**BEACON**  
Facility Usage Policy

## Request Procedure

Thank you for choosing the Beacon! Please read, sign, and return the signed Beacon Facility Request Form and Agreement. Signed documents may be returned via email, brought into the Beacon, or mailed to the following address, and must be received 14 days prior to your event date. *For one-time events a \$50 cleaning deposit is required with the completed request form.*

**The Beacon Resource Center, Inc.**  
**4210 Lincoln Way W.**  
**South Bend, IN 46628**

Email: [jeff@beaconsb.org](mailto:jeff@beaconsb.org)

## Mission

The Beacon is a shared community resource center with a focus on offering facility space to groups who align with our mission: *Partnering together to bring transformation in everyday life.* All facility use must be for the purposes in keeping with The Beacon's mission.

## Event Guidelines

### GENERAL POLICIES

1. All event items brought into the space must be taken out of the space at the end of your facility rental.
2. After the event, tables/chairs must be folded and stacked to original locations; areas must be wiped down, vacuumed, and/or swept – leaving the space as clean or cleaner than what it was originally.
3. Current long-term Beacon tenant partners have priority over one-time event rentals, which may limit one-time event space availability.
4. Animals are not allowed in the facility unless they are a registered service animal, are current on all required vaccinations, and are properly leashed/harnessed.
5. We are an alcohol and tobacco free establishment. Use of electric cigarettes or other forms of tobacco is also prohibited.

*Failure to complete the post-event cleaning guidelines will result in forfeiting the \$50 cleaning deposit in full.*

*Failure to adhere to these guidelines may result in the cancellation of your party and forfeiture of payment.*

### PAYMENT POLICY

1. A \$50 cleaning deposit is due upon booking. Payment may be brought into the center on the same day of booking or mailed to The Beacon 14 days prior to the event.
2. Final Payment is due 5 days prior to event date.
3. In the event deposit and/or final payment are not received 5 days prior to event, event will be cancelled.

### **GYMNASIUM GUIDELINES**

1. All borrowed equipment must be returned to its appropriate place after use. Disappearance of or damage to any equipment is the responsibility of the Renter and must be replaced with the same item of newer condition or monetary compensation.
2. Children under 11 must be attended to and supervised by an adult at all times.
3. Fighting, stealing, property damage or vandalism, disorderly conduct, horseplay, littering, and foul language are all strictly prohibited. Violators will be removed from the facility immediately.

### **CANCELLATION POLICY**

1. All cancellations must be received in writing via email or letter.
2. Events may be cancelled up to 5 days prior to the date of the event, and you will be refunded the total amount, including the \$50 cleaning deposit.

### **Liability**

All activities, whether formally organized or informally occurring, occur 100% at the risk of the participant (and/or their guardian). The requesting organization is responsible for the supervision of all activities that may take place.

The requesting organization acknowledges that use of The Beacon facility described above involves risk to participants and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

The requesting organization accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participants that is authorized by the requesting organization or its agents, employees, volunteers, or any other representatives.

Further, the requesting organization releases and promises to indemnify, defend, and hold harmless The Beacon Resource Center, Inc. for any injury arising directly or indirectly out of the use of The Beacon or transportation to and from The Beacon, whether such injury arises out of the negligence of The Beacon, the requesting organization, the participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the participant agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and The Beacon cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

PHOTO RELEASE - I hereby give permission for guests and myself in my party to be photographed for the possibility of being used in Beacon Resource Center, Inc. publicity and I give exclusive right of these photos to the Beacon and waive all claims of compensation for usage.

## **The Beacon – Facility Request Form and Usage Agreement**

### **Applicant Information**

Organization Name:		
Contact Person:		
Street Address:		
City:	State:	ZIP Code:
Phone Number:	Email Address:	
Organization Mission:		
Is your organization incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, do you have non-profit 501(c)(3) status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your organization carry liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please attach a copy of statement of insurance to this form (disregard if one-time event)		
<b>Request Information</b>		
Description and Purpose of Activities:		
Check One: <input type="checkbox"/> One Time Event <input type="checkbox"/> Reoccurring Event		
Date(s)/Time(s):		
Number of People:		
Number of Tables/Chairs Needed:		
Space Requested: <input type="checkbox"/> Conference Room (Large table with seating for 10-15 people)		
<input type="checkbox"/> Multi-Purpose Room (Flexible Layout with seating for 50-60 people)		
<input type="checkbox"/> Counseling Room (Small room for 4-6 people with waiting area)		
<input type="checkbox"/> Gymnasium (Basketball/Tennis Court with concrete floor)		
<b>Agreement &amp; Signature</b>		
<input type="checkbox"/> I have read, understand, and agree to The Beacon Facility Usage Policy		
Signature of applicant:	Date:	
Title of applicant (if requesting on behalf of an organization):		
<b>To Be Completed by The Beacon</b>		
Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Estimated Utility Fee (per day):		
Initials of Beacon Representative:		