

3. The security deposit is for the faithful performance by Lessee of the terms of this Agreement. Upon the completion of Lessee's use of the premises, the security deposit amount may be applied toward the payment of damages, if any, which St. Mary's has suffered by reason of the Lessee's use of the premises and/or Lessee's noncompliance with this Agreement. This will be noted on the attached parish center inspection form when completed. Any balance will be refunded to Lessee.
4. The Lessee agrees to assume complete responsibility for the premises and its contents and agrees to defend, indemnify, and hold St. Mary's harmless from any liability arising during Lessee's use of the premises. The Lessee further agrees to reimburse St. Mary's for any and all damages, breakage, and/or loss occurring during Lessee's use of the premises. The Lessee further agrees to abide by the Illinois State Liquor Laws.
5. St. Mary's is not responsible for lost, stolen, or damaged items or items that are left after the function.
6. Lessee agrees to abide by all policies and guidelines attached.

RESTRICTIONS:

1. No wedding ceremony of any type whatsoever may take place in this area or anywhere on the property of St. Mary's Parish except within the walls of the Church. No wedding, civil or otherwise, outside the Church building during your rental period will be allowed.
2. The contract is subject to immediate cancellation and in fact will be canceled if the rental space for wedding receptions is found to be for a marriage, which is not recognized as valid by the Roman Catholic Church. As a matter of policy, we will not rent space for wedding receptions, which celebrate an invalid union.

ST. MARY'S CATHOLIC CHURCH

By: _____

Date: _____

LESSEE

By: _____

Date: _____

Address: _____

City: _____ State: ___ Zip: _____

Home Phone: _____ Work/Cell: _____

Email Address: _____

Parish Member Sponsor: _____

Parish Center Inspection Report

Parish Center inspected by _____ on _____, _____.

Are premises clean with no damage? _____ Yes _____ No

If NO, give details:

Parish Center Staff

Pastor

Deposit Amount Refunded: _____

Date: _____