

ST. MARY AND ST. JOSEPH COPTIC ORTHODOX CHURCH RICHMOND HILL, ONTARIO

GALILEE BOOKING FORM

Applicant's Name:
Cell Phone#: (
Cmail: :
Pate of using the facility (Galilee):
Purpose of the Booking:
otal number of the group:
sy signing this form I, (name of participant) authorize the church's epresentatives and the persons in charge of the facility (Galilee) to act according to their best judgment in my emergency requiring medical attention and I agree to take responsibility for the expenses of such a rocedure. I understand that neither the church nor the counselors are personally responsible for any loss of property or bodily harm that may arise during the excursion. I am waving any rights to pursue legal ction against Galilee and/or St. Mary and St. Joseph Church."
mportant Rules:
 I will take all measures to ensure the safety of all occupants of the Facility (Galilee). I will not allow anyone who is not part of my group or service to have access to the Facility. I must report any incident or damage to the Facility or facility's equipment to the servant in charge. I must terminate the activity and leave the premises at the end of the designated time and ensure all participants are out of the Facility at that time. I must ensure the premises are clean and tidy, all garbage thrown out and anything used is returned to its original place. The temperature of the Facility is set by default at 9 Degrees. I will set the temperature back to 9 Degrees before I leave. I realize that failure to adhere to the rules of using the Facility may result in canceling the service, the activity or the event. I release SMSJ church, servants and members from all liabilities or responsibilities that may arise from accidents or injuries during this event.
riest Signature:
nnlicant's Signature Date

Kindly submit this form to the servant in charge: Raouf Abdelmalek (647) 831-3111