

North American Islamic Foundation (NAIF) Center

Facility Use Request Form (for Religious Activities)

13515 Dulles Technology Drive, Herndon VA 20171

Name of Responsible Person: _____

Address: _____ Telephone: _____

Date(s) Requested: _____ Number of Guests: Men _____ Women _____

Space available After 5pm Only - Start Time: _____ End Time: _____ Purpose / Event Type. _____

If Food is being served a separate setup for ladies is needed : _____ Yes, _____ No

Indicate below if other supplies including food servings and cutlery will be provided by NAIF.

Speaker Name & Phone # (prior approval required): _____

Main Hall ONLY – Maximum 4 hours Prayers will be held as per NAIF schedule by NAIF IMAM	Automatic Monthly Donor		Non- Automatic Monthly Donor	
	Minimum Suggested Donation	Additional/Hour	Minimum Suggested Donation	Additional/Hour
Donation	\$250	\$100	\$500	\$200
Food Service Supplies	Up to 200 Guests		Each additional 100 guests	
	\$300		\$200	
Setup Fee	\$100		\$200	
Cleaning Fee (Bathrooms etc.)	\$150		\$300	
Total	\$500 PLUS Food Service Supplies		\$1,000 PLUS Food Service Supplies	

The responsible party, by his/her signature below, affirms that he/she has read the Facility Information Sheet and NAIF Center Rules and Regulations, and agrees that he/she shall accept the responsibility for use of the requested facility. Failure to comply could cancel your current and future use.

You are acting as the responsible person for the participants in your Events. You must ensure their physical and emotional safety as well as adherence to NAIFCENTER rules and guidelines. Please read the rules and guidelines for NAIFCENTER and keep it as a reference during meetings and events.

ANY CHANGE ON ABOVE INFORMATION HAS TO BE SUBMITTED IN WRITING FOR APPROVAL PRIOR TO EVENT DATE

SIGNATURE: _____ DATE: _____

To Be Completed By NAIF Facility Management Officer

Date Received: _____ Initials: _____ Certificate of Insurance (if applicable): _____

\$250.00 Non-Refundable Deposit due on all Requests at the time of application

Total Amount Due: _____ Total Amount Received: _____

Donation/Fee/Security Deposit must be paid at the time of booking. Without deposit dates are not confirmed

Please make check payable to NAIF

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Rules and Regulations (premises and parking lot)

1. No activity or hate speech against any person, organization, religion, and country is permitted.
2. No political/other religious/non-profit activities or solicitations is permitted without prior written approval.
3. No tape, nails, glue, pins or paint of any type may be used for decorating or any other purpose in the facility.
4. This is a “no smoking” facility. Smoking of tobacco products or any other substance is not allowed anywhere on the premises and in the parking lot.
5. No fire arms, any kind of weapon, open flame and lit candles are permitted in the building.
6. No Musical program is allowed in this facility.
7. Children of all ages must be always under the supervision of an adult.
8. No animals are allowed in the building.
9. Parking availability is not guaranteed and, on any occasion, may be limited. The parking lot is shared with the Other owners. Additional parking may be available at the Arrow Brook Park.

Rules and Regulations (food and beverages)

10. Only hand slaughtered Halal meat is permitted.
11. Only Water is Allowed - Soda, Juice or any liquid which might spill and damage the carpet is not permitted.
12. If food is catered from a restaurant or company, certificate of liability insurance with North American Islamic Foundation as certificate holder may be required.
13. If food is brought from home of applicant or someone related to the applicant, any damage or liability resulting from consumption of food would be applicant responsibility.
14. NAIF Center reserves the right to change, adjust or delete any rules and regulations where health and safety of any participant is affected, before, during or after the event
15. NAIF is authorized to share applicant and any service provider information publicly for remedies.
16. Take all left-over food and supplies with you.

Name: _____ Signature: _____ Date: _____

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INDEMNIFICATION AGREEMENT AND COVENANT

Required by all groups and individuals using NAIF Facility

For and in consideration of facility use agreement, being granted a Use and Access of NAIF Center,

(Name of Responsible Applicant/Organization)

(Referred to as the Applicant) hereby agrees and covenants as follows:

The Applicant expressly understands that it is responsible, agrees to indemnify, defend and hold harmless the NAIF Center, officials, agents and employees, hereinafter collectively referenced as the "NAIF" against any and all injury, loss or damage and any and all claims for injury, loss or damage, of whatever nature caused by or resulting from, or claimed to have been caused by or to have resulted from any act, omission or negligence of the Applicant or anyone claiming under the Applicant (including, but without limitation officers, agents servants, invitees, guests, volunteers, of the Applicant and employees and contractors of the Applicant), at or about the premises.

This indemnity and hold harmless agreement shall include indemnity against all costs, expenses and liabilities incurred in connection with any such injury, loss or damage or any such claim, or a proceeding brought thereon or the defense thereof If the Applicant or anyone claiming under the Applicant or the whole or any part of the property of the Applicant or anyone claiming under the Applicant shall be injured, lost or damaged by theft, fire or steam or in any other way or manner, no part of said injury, loss or damage is to be borne by the Town.

Applicant shall, at its own cost and expense, with counsel approved by the NAIF, defend any and all suits and actions (just or unjust) which may be brought against the NAIF or in which the NAIF may be impleaded with others upon any such above-mentioned matter, claim or claims.

The Applicant agrees that it shall not file any claim, complaint, charge or lawsuit against the NAIF or it's affiliates for any matter, claim or incident, known or unknown, which occurs or arises out of Applicant's use of the facility.

Facility: NAIF Center, 13515 Dulles Technology Drive Suite 1, Herndon VA 20171

Name of Organization / Individual: _____

Address: _____

Telephone: _____

Authorized Signature: _____