

TRINITY LUTHERAN CHURCH

SECURITY CARD AGREEMENT

Please fill out all the information at the bottom of this form. This form must be signed by Trinity Lutheran Church (TLC) members, TLC staff, and any authorized representative(s) of your organization who are assigned a security card.

I understand this security card allows me access to TLC, Hays, KS. This agreement outlines the responsibilities I have as a holder of the security card. My acceptance of this agreement indicates that I have read and understand these responsibilities, and agree to adhere to the policies and procedures established for the TLC security card.

1. The security card is intended to facilitate the entry and exit to TLC only during the approved time.
2. The security card is issued in my name as the sole authorized person for access to TLC. I will not allow any other person to use my security card. I understand that TLC records and maintains data regarding my use of my security card.
3. The security card is not transferable to another person or organization.
4. I will not allow others access to TLC that are not part of my organization or TLC membership.
5. I understand the security card is the property of TLC and must be surrendered upon transfer/termination of membership, termination of building usage privileges, termination of building usage by the organization, or termination of employment.
6. I will take reasonable care of the security card to prevent it from being damaged, lost, stolen, or misused. If the security card is lost or stolen, the user must notify TLC at (785) 625-2044 or tlchays@eaglecom.net immediately. The security card will then be deactivated by TLC. Any lost, stolen, or damaged cards will be replaced at a charge of \$5.
7. Upon entry or exit, it is my responsibility to secure the door by ensuring it is shut. My own security and that of my family, members, staff, and organization depends on this.
8. I understand that TLC can deactivate the card and terminate this agreement at any time with or without due cause.

Name (printed): _____ Title or Position: _____

Organization: _____

Address: _____

Phone #: _____ Cell #: _____

Email: _____

I have read this agreement and I understand and agree to comply with its terms and conditions.

Cardholder Signature: _____ Date: _____

Access Approved by: _____ Security Card#: _____