# CITY OF ELLSWORTH COMMUNITY CENTER RENTAL AGREEMENT

**NAME OF USER/RENTER/GROUP------------------------------------------------**

# PRINTED NAME OF PERSON RESPONSIBLE FOR RENTAL \_

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PHONE NUMBER RENTAL DATE(S)\_ \_

**WORK NUMBER \_\_\_\_\_\_\_EMAIL ADDRESS \_**

# THE CENTER WILL BE USED FOR THE FOLLOWING (please describe activity

in **detail):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# ESTIMATED NUMBER OF PERSONS ATTENDING THIS EVENT:

**WILL INTOXICATING BEVERAGES BE USED? YES**

# NO \_

***Please read this document carefully as it is your responsibility to abide by all rules and regulations.***

The Community Center Rental Policy and Procedure is hereby incorporated into and made a part of this Rental Agreement by reference to the same extent and with the same force as if fully set forth herein.

The Community Center Use rules are set up for the continued use and maintenance of the Community Center. Information is for the benefit of all who use the facility as well as the City of Ellsworth.

The undersigned hereby assumes personal and individual liability for any damages to the facility by the Applicant. The undersigned is responsible for leaving the facility in a condition as good as, or better than, originally found. The undersigned personally and individually accepts liability for all repairs to the facility and/or repair or replacement of any equipment in the event of damage.

In the event that you and/or your guests are unable to adhere to the above stated guidelines, you will be charged an additional rental fee and/or asked to vacate the premises by the city staff or law enforcement. By signing below, the applicant acknowledges that he/she is responsible for ensuring that all guests adhere to the above rules and ½111 provide payment for the use of the facility by the assigned date.

I declare that I have fully read, understand and agree to comply with the rental policy outlined in the attached document. Further, the undersigned agrees to defend, indemnify and hold harmless the City of Ellsworth, its elected or appointed officials, agents, employees, and volunteers (hereby collectively referred to as "city) from any claims, demands, suits, losses, cost or expenses including attorney fees, or any damages which may be asserted, claimed or recovered against or from the City of Ellsworth by reason of any damaged property, personal injury or bodily injury, including death, sustained by any person whosoever and which damage, injury, or death sustained by any person whomsoever and which damage, injury, or death arise out of or is incident to or in any way connected with the performance of this contract,

excepting however, claims arising from the sole negligence of the city. I agree that violation of any of the terms of this agreement may be cause for the event permit to be revoked, without notice, and may result in immediate removal from the premises and forfeiture of my User/Rental fees and deposit.

|  |  |  |  |
| --- | --- | --- | --- |
| **FEES:** |  | | |
| Local Service Organization Meetings | FREE | (providing, cleaned per checklist) |  |
| Service Organization Fundraiser Bloodmobile | $ 50  FREE | (providing, cleaned per checklist) (providing, cleaned per checklist) |  |
| Business Organizations | $75 | Weekdays Deposit | $150.00 |
| Business Organizations  **PARTIES:** | $125 | Weekends Deposit | $150.00 |
| Anniversary, Graduation, Reunions | $100 | (No alcohol) Deposit | $100.00 |
|  | $150 | (with alcohol) Deposit | $200.00 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **WEDDING RECEPTION/DANCE:** | $400 | (One day) Deposit | $500.00 |
|  | $600 | (Friday-Sunday) Deposit | $500.00 |
|  |  |  |  |

\*\*\*\*\*\*\*\*\*\*DEPOSITS WILL BE RETURNED FOLLOWING COMMUNITY CENTER INSPECTION\*\*\*\*\*\*\*''

Renter's Printed Name

Signature ­

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rent Amount: $ \_

Key/fob# Date:\_\_\_\_\_

Deposit Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_

Date Key/fob Returned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Deposit Returned/Forfeited$ If forfeited, reason for forfeiture:

Post Rental Inspection by: Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_