

**TOWN OF SILVER CITY
RECREATION CENTER 575-388-3087
RENTAL AGREEMENT FORM**

NAME OF EVENT _____

SPONSOR _____

Address: _____

Phone: Cell _____ **Work** _____ **Home** _____

DATE(S) REQUESTED: _____
Sun Mon Tues Wed Thurs Fri Sat

TIME REQUESTED: _____ **TOTAL HOURS:** _____

Deposit & Cleaning Fee: **\$100.00**

Associated Fee Schedule: **\$ 50.00 per hour**

Total owed for all fees: \$ _____

Received from: _____ the sum of \$ _____ Date _____

() cash or () check # _____ Balance (if any) \$ _____ Date Paid _____

ABSOLUTELY NO ALCOHOL ALLOWED ON PREMISES

Renter's Responsibility: I understand that the deposit and cleaning fee will be refunded if the facility is properly cleaned, the event scheduling remains consistent with the agreement, and that no damage has occurred to the facility. A percentage of all the deposit may be kept if any of the above occurs. In accepting this request, I, my heirs, executors, administrators, or organizations hereby waive and release all rights and claims for damages against the Town of Silver City, their agents or representatives for any and all injuries sustained by me or my organization in this activity, including transportation to and from such activity related directly or indirectly to the above activity. I accept full responsibility for the facility and/or equipment, and will replace or repair anything that is damaged, destroyed, lost or stolen. I understand I will check the facility both before and after the event in accordance with the inspection form.

Staff Responsibility: Staff will be at the Recreation Center on time to open doors. Staff will make sure windows are closed, heaters/air conditioners off, all lights are off, and all doors are locked after the event. There will also be a before and after rental inspection form filled out and signed by staff and renter.

I agree to the above terms, conditions and fee schedules.

PRINT NAME

SIGNATURE

DATE

On behalf of the Recreation Center, I verify that this reservation has been made and that all fees have been explained and that no conflicts exist that have not been discussed with the renter.

RECREATION CENTER STAFF

DATE

On behalf of the Recreation Center, I have reviewed the post event inspection form, see copy attached, and processed the miscellaneous expenditure for the refundable cleaning deposit.

RECREATION CENTER COORDINATOR

DATE