

Slippery Rock Township Building Rental Agreement

PLEASE RETURN THE FORM WITH DEPOSIT

Labor, Release and Indemnification Clause

It is hereby understood and agreed that (print name)_____ does hereby release, discharge, and waiver forever any claim against Slippery Rock Township, the Slippery Rock Township Board of Supervisors, the agents and employees of both, or their heirs, successors, and assigns from any claim for loss, injury, or damages, of any nature whatsoever which may arise in the course of, or as a result of, (initials)_____ use of the Slippery Rock Township Community Center under the terms and conditions of the within Agreement. This release and waiver shall include any and all action, causes of action, claims and demands of whatsoever kind or future resulting from any known or unknown injuries, losses, or damages sustained or received by any person or entity, property thereof, arising, occurring, or resulting during, from as the result of, or in the course of the use of the Slippery Rock Township Community Center under this Agreement. It is understood that the release and waiver set forth herein shall apply to any and all such claims arising from the use of the Slippery Rock Township Community Center, as authorized herein, which may arise or be discovered subsequent to said use.

It is expressly understood and agreed that (initial)_____ does provide for foregoing release and waiver in consideration for the use of the Slippery Rock Township Community Center.

Further, it is understood and agreed that (initial)_____ shall hereafter indemnify, save an otherwise make whole the Slippery Rock Township, the Slippery Rock Township Board of Supervisors, the agents and employees of both, or their heirs, successors, and assign for any losses or expenses incurred as the result of any and all claims, action caused of action, or demands advanced by whatever source and for whatever reason as the result of, or in any way related to, (initial)_____ use of the Slippery Rock Community Center authorized under this agreement.

Witness

User (Signature)

Date

Set-Up Date/Time _____ **Date of Rental** _____ **Initials** _____
(Please initial to confirm rental date)

PLEASE RETURN THIS FORM & REMIT PAYMENT TO:

SLIPPERY ROCK TOWNSHIP P.O. Box 207 Slippery Rock, PA 16057

Required Fees:

Set-up \$ _____ Rental \$ _____ Deposit \$ _____ Total Payment Due \$ _____

(All fees must be paid two (2) months prior to rental date or reservations will not be held)

Lectern/Screen Rental: Required Fee\$: _____ Deposit\$: _____ Total \$ _____

Phone: 724-794-2369 Fax: 724-794-9244 E-Mail: srtwp@srtwp.com Web: srtwp.com

(OVER)

Name of Organization _____ Contact Person: _____
(if applicable)

Name: _____

Phone: _____ Work/Cell Phone: _____

Address: _____

Address: _____

Date of Activity: _____

Hours of Use: _____ to _____ (INCLUDE SET-UP AND CLEAN-UP TIME)

Description of Activity: _____

I Hereby agree, as evidence of my signature, below, to rent The Slippery Rock Township Community Hall, subject to the rules and regulations, which is a document accompanying this contract. (signature required) _____

PLEASE ALLOW TIME FOR SET-UP AND CLEAN-UP IN THE HOURS OF USE.

****NOTE****

Please contact the Township Office at 724-794-2369 several days prior to your scheduled event to make arrangements to pick up a key for the building.

If you are renting the building Tuesday through Thursday you will not have access to the building until after 3:00 p.m. You cannot begin decorating or food preparation until after that time.

Please DO NOT DRIVE vehicles on the grassy areas and/or behind the building.

Wall Damage Disclaimer

Please DO NOT USE TAPE OR ANY ADHESIVE THAT WILL REMOVE or DAMAGE THE PAINT in our community room.

If want to use this area for decorating – ONLY use adhesives that can be removed without damaging the paint on the walls and flooring.

If the community room walls and/or floors are damaged it is the right of the TWP. to retain your deposit and/or charge you for damages.

I Hereby agree, as evidence of my signature, below, to rent the Slippery Rock Township Community Room, subject to the rules as noted above.

Signature: _____

Date: _____