



Oakes Community Center

Rental Agreement



Responsible Party Name: _____ Phone # _____

Address: _____

DATE(s) Requested for Event: _____ # expected in attendance _____

Start Time: _____ End Time: _____

Type of Event: _____ Are you allowing alcoholic beverages? _____

<u>Please check the appropriate boxes below:</u>	<u>Rate (per day)</u>
<input type="checkbox"/> Meeting Room/Kitchen Rental	\$25
<input type="checkbox"/> Auditorium Rental	\$40
<input type="checkbox"/> Whole Space Rental	\$50
<input type="checkbox"/> Refundable Cleaning/Damage Deposit	\$50 \$100 \$150
<input type="checkbox"/> Refundable Key Deposit	\$20
TOTAL Cost for Rental	\$ _____

LIABILITY STATEMENT

The City of Oakes, its trustees, agents, officers and employees assume no responsibility for the person or property of anyone using the Community Center. The responsible party named above shall remove all personal items and property brought into the center at the conclusion of the function unless prior arrangements have been made with the City. The responsible party and all guests will be responsible for compliance and adherence to the City of Oakes Community Center Facility Rental Policies and Procedures and all specifications of the rental agreement.

In consideration of the use of the Community Center, the reserving responsible party agrees to indemnify the City of Oakes, its trustees, officers, agents and employees and hold them harmless from and against any and all liability, damage, expense, cause of action, suits, claims or judgments arising from or related to injury to persons or property occurring in or about the premises and upon the adjoining sidewalks, streets or ways which may arise from the City of Oakes's ownership and management of the premises, or from any action or omission of the reserving responsible party, its agents, employees, guests, or licensees, or from any cause whatsoever. (The City of Oakes reserves the right to refuse to rent to any party that does not comply with the terms of the agreement, policies & procedures.)

I have read, understand, and agree to the guidelines and regulations stated in the attached Facility Use Policy and Procedures as well as the above liability statement.

 APPLICANT (Responsible Party) Signature

 Date

CITY OF OAKES USE ONLY:

Key # _____

- Community Center left in as good or better condition. · Yes · No
- Deposit returned · Yes · No date returned _____
- Deposit Refund amount \$ _____ (deduction description(s) provided attached) Check # _____