

Salem Community Center



GYMNASIUM RENTAL CONTRACT

Request for: Basketball Volleyball Other _____

Date Requested: _____ Time Requested: _____

Contact Person: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Estimated Attendance: _____

Half Gym (\$15 per hour) _____ Full Gym (\$25 per hour) _____

I and my group will abide by the rules and regulations governing use of the gymnasium. They include:

- No food or drinks allowed in gymnasium
- No gum in gymnasium
- No outside balls
- No dunking the ball or hanging on the rims
- No profanity or inappropriate language or attire
- No street shoes (Tennis shoes only)
- No alcoholic beverages on property
- No smoking anywhere on property
- No weapons or pets allowed in gym or in facility
- No tournaments or games without approval
- This rental only includes the gymnasium. No other parts of the building are to be utilized (Fitness Center, Event Center, Kitchen, Meeting Rooms)
- Facility must be supervised by an adult (over the age of 18) at all time
- Rental fee must be paid upon signing this agreements
- Do NOT prop open outside green doors.

CANCELLATIONS

Reservations may be cancelled at no charge up to 2 weeks in advance. At 7 days, a 50% cancellation fee will be charged. Cancellations made less than 48 hours in advance will not be refunded. Healthy Dent County reserves the right to refuse rental to anyone.

I agree to be responsible for leaving the facility clean: This includes:

- Make sure everyone leaves the gymnasium.
- Return all equipment to proper areas.
- Turn off all the lights and close all outside doors.
- Secure the building after use.

CLEAN-UP AND REPAIR FEE \$250

I realize that I may be charged a facility **CLEAN-UP** and/or **REPAIR FEE** of \$250 after the event if it is deemed that the facility was not cleaned and any damage to the facility and/or contents. I understand that **HEALTHY DENT COUNTY** is **NOT HELD RESPONSIBLE OR LIABLE** for any damage or injury occurring during the event. I have read the above agreement and fully understand the conditions above. I am aware that I am fully responsible for any damage or injuries that may occur. INITIALS: _____

By signing below, I hereby certify that I understand the Salem Community Center @ the Armory facility usage policies stated above, and I agree to be responsible for leaving the facility clean. I also agree to be responsible for any damages to the facility and/or contents during my rental.

Signature _____ Date _____

Paid on ____ / ____ / ____ (Date)

Paid by: Check Cash Credit Card

(Please make checks out to Healthy Dent County)

Name on Credit Card: _____

Credit Card # _____

Expiration Date: _____ CVV # _____

Address: _____

Authorizing Signature: _____

E-mail Address (for receipt): _____