

DIAMOND CITY, ARKANSAS

COMMUNITY CENTER

P.O. Box 1300 232 Grand Avenue

Diamond City, AR. 72630

Phone: 870-422-7212 Fax: 870-422-2970

Email: billingmanager@diamondcity.gov

Website: www.diamondcityar.gov

COMMUNITY CENTER RENTAL AGREEMENT

NAME/RESERVED BY: _____ DATE: _____

ADDRESS: _____

PHONE NO. _____ VALID STATE ID & NO. _____

EVENT: _____ DATE: _____ TIME: _____

NOTES/REQUEST FOR EVENT: _____

****TWO SEPARATE CHECKS WILL BE NEEDED FOR DEPOSIT & RENTAL FEE*ATHIRD CHECK WILL BE NEEDED IF YOU WANT THE KITCHEN***

COMMUNITY CENTER RENTAL PRICES \$30 PER HOUR, 1/2 DAY \$100, ALL DAY \$200. IF YOU NEED THE KITCHEN, THE COST IS \$50 FOR CROCKPOTS, REFRIGERATOR, ETC. WITH NO COOKING. \$125 FOR FULL KITCHEN USE. ALL USES INCLUDE CLEAN UP. IF YOU DO IT, \$100 IS REFUNDED. IF YOU WANT A SET UP/TEAR DOWN THAT IS AN ADDITIONAL \$75 FEE. A DEPOSIT OF \$100 IS DUE PRIOR TO RENTAL- REFUNDABLE AFTER INSPECTION.

After the use of the Community Center, it **MUST** be clean and returned to the same condition when rented. All trash should be gathered & put in big trash can provided by Emergency Exit Door. All games should be put back in place & parts with them. A City Representative will meet you at the time of the rental to unlock doors & meet again when rental is done to do an inspection and lock doors. After inspection, if the Community Center is left in a clean condition the deposit will be refunded the next business day.

You **MUST** be at least 21 years old.

**THE STAGE IS OFF LIMITS, UNLESS AGREED UPON PRIOR TO EVENT.
BY SIGNING BELOW, I AGREE TO ALL THE POLICIES AND TERMS ABOVE.**

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

RENTAL AMOUNT PAID: \$ _____ CASH _____ CHECK# _____ RECEIPT# _____

DEPOSIT AMOUNT PAID: \$ _____ CASH _____ CHECK# _____ RECEIPT# _____

TOTAL AMOUNT PAID: \$ _____ DATE: _____ CLERK _____

INSPECTED: _____ BY: _____ ADDITIONAL COST \$ _____ NOTES: _____

DEPOSIT RETURNED/MAILED DATE: _____ CHECK# _____ CLERK _____

PROCESSED BY: _____ DATE: _____

LIABILITY WAIVER AGREEMENT FOR RENTAL OF DIAMOND CITY COMMUNITY CENTER

1. In consideration for receiving permission to use/rent the City of Diamond City's Community Center (the facility), I hereby release, waive, discharge, and covenant not to sue the City of Diamond City, its community center, properties, agents, employees, officials, and officers (hereinafter referred to as releasees), from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or relating to any loss, damage, or injury, including death that may be sustained by me/guest, or to any property belonging to me/guest, or any guest/persons and their property to/at/from my event of the rental whether caused by negligence of the releasees or otherwise, while renting the facility or while in, on, or upon the premises where the rental is being conducted, while in transit to or from the premises, or in any place or places connected with the rental of the facility.

2. I am fully aware of risks and hazards connected with being on the premises and participating in the rental of the facility, and I am fully aware that there may be risks and hazards unknown to me/guest connected with being on the premises and participating in the rental of the facility, and I hereby elect to voluntarily rent the facility, to enter upon the above-named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me/my property and guests/their property. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death that may be sustained by me/guest, or any loss or damage to property owned by me/guest as a result of my being a renter of the Diamond City Community Center, whether caused by the negligence of releasees or otherwise.

3. I further hereby agree to indemnify, save, and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to my rental of the facility, whether caused by the negligence of any or all the releasees, or otherwise.

4. I hereby take full responsibility for any and all guests I have at the time of my rental of the facility and the loss, liability, damage, or cost that may occur during the rental of the facility.

5. I am aware that alcohol and drugs are prohibited in the facility and outside its properties. Also, that tobacco, vapes, e-cigarettes, pets and animals are prohibited inside the facility. Legal charges and fines will apply to myself and any/all guests that ignore these laws. Service animals are exempt.

I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed; No oral representation, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least 21 years of age and fully competent. I

execute this release for full, adequate, and complete consideration, fully intending to be bound by the same.

By signing below, I agree to the terms and conditions above.

Signature: _____ Date: _____

Name Printed: _____

Processed by City: _____ Date: _____

Approved by Board: _____ Date: _____

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COMMUNITY CENTER LOANED ITEM(S) POLICY AND AGREEMENT

ITEMS TO RENT OR LOAN:

TABLES: RENTAL-\$5 PER TABLE, PER DAY
DEPOSIT-\$25

CHAIRS: RENTAL-\$1 PER CHAIR, PER DAY
DEPOSIT-\$25

NO COST FOR NON-PROFITS OR CHARITIES

LOANED MEDICAL DEVICES: NO CHARGE & NO DEPOSIT

All item(s) that are loaned or rented **MUST** be returned in the same condition as they were prior to being rented/loaned. Costs for repairs/replacement to damaged item(s) or non-returned items will be at your expense and you will lose your deposit. If any costs exceed the deposit amount you will be responsible for remaining balance for repairs/replacement. Deposit on all items rented are refundable, upon inspection after returned.

ITEM(S) _____

QTY: _____ DATE: _____ RENTAL\$ _____ DEPOSITS\$ _____ CLERK _____ \$

All items that are loaned **MUST** be returned in the same condition as when loaned. Costs for repair to damaged item(s) or non-returned items will be paid from the deposit. If the cost for repair or replacement to any damaged item or any non-returned item(s) exceeds the amount of deposit on file then the customer will be responsible for the remainder of the cost to have the item(s) repaired or replaced.

By signing below, I agree to the terms stated above.

Signature _____ Date: _____

Prepared By: _____ Date: _____