

NEMACOLIN, INC. RECREATION DEPARTMENT FACILITY RENTAL APPLICATION AND AGREEMENT

APPLICANT INFORMATION

Applicant Name (must be 18 years of age or older):

Driver's License No.:

Address:

City:

State:

ZIP Code:

Email:

Home Phone:

Cell Phone:

EVENT CONTACT INFORMATION

Organization:

☐ Non-Profit

Event Contact Name:

Address:

City:

State:

ZIP Code:

Email:

Home Phone:

Cell Phone:

Type of Event (birthday party, reunion, walk-run event, golf outing):

Event Date(s):
(1st choice)

Event Date(s):
(2nd choice)

Anticipated
attendance:

☐ Alcohol is not permitted at all facilities.

Event Time(s): (including setup/cleanup time) from: ____:____ ☐am ☐pm to: ____:____ ☐am ☐pm -

VENDOR INFORMATION

Are you utilizing a vendor (i.e., caterer, bounce house, DJ, band, etc.) : ☐ yes ☐ no

Name of vendor(s):

Service provided by vendor(s):

PAYMENT INFORMATION

All fees shall be paid in full upon reservation by cash, credit or check made payable to "Nemacolin, Inc." in accordance with the attached fee schedule unless specified differently on the facility reservation policy. Reservations shall be accepted on a first-come/first-serve basis.

Payment Received: ☐ Credit Card ☐ Cash or ☐ Check No. _____ Amount: \$ _____ Date: _____

FACILITY USERS AGREEMENT

I, the undersigned agree to indemnify, defend and hold Nemacolin, Inc. and its officers, employees and agents harmless and free from any liability of any nature, including, but not limited to, liability for damage or injury to any persons or property, costs and attorney's fees, arising out of or in connection with the use of the recreational facilities regardless of whether Nemacolin, Inc. was actively or passively negligent, either solely or contributory in connection with such liability.

I certify that we have received and read the rules and regulations in the Public Reservation Policy and Fee Schedule for the use of this facility. I, the undersigned, do hereby agree that we will abide by the policies governing the use of this facility and will be responsible for any damages to the facility, furniture, or equipment caused by our occupancy of the premises.

SIGNATURE(S)

FOR OFFICE USE ONLY:

Recreation Staff:

Date:

☐ Insurance ☐ Refund/Cancellation

Applicant Signature:

Date: