



Community Room
Rental Agreement

Civic/Government/Political Organization

Name of Group: _____

Person Responsible: _____

Address: _____ Phone: _____

Date of Function/Meeting: _____

Hours to be used: _____

Rental Fee: \$0

Refundable Cleaning Deposit: \$ 0

I agree to assume the responsibility for the use and care of the Town of Vass Community Room/kitchen/restrooms/entrance foyer and agree to leave them clean and in order. I understand that I will be held liable for any missing, damaged or soiled property and agree to compensate the Town of Vass for same.

The Town of Vass accepts NO RESPONSIBILITY for damage or loss to any person or property occurring during the use of the meeting room or parking lot.

Signature of Person Responsible

Town of Vass Representative

Front Door Key Issued: Y N

Storage Closet Key # _____

This is an Equal Opportunity facility. Federal law prohibits discrimination. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. Room 326-W., Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (202) 720-5964 (voice) or (202) 720-6382 (and TDD).

STATEMENT OF DISCLAIMER

In renting or using any of the properties owned by the Town of Vass, namely the Sandy Ramey Keith Park and the Community Room of the Municipal Building, neither the Town of Vass Board of Commissioners, nor the Town of Vass employees shall assume any responsibility for the loss of, or damage of, or injury to any property or persons placed on the premises by the user or users or for the loss or damage of any property or personal effects, including motor vehicles and their contents, or for any injury to the user. Its members, employees, agents, guests, or participants hereby agree to hold the Town of Vass, Town of Vass Board of Commissioners and Town of Vass employees harmless for any injury, loss or damages sustained while using any of the facilities owned by the Town of Vass.

The Town of Vass is committed to providing opportunities in access and employment in all programs, services, activities, and facilities without regard to age, race, color, religion, national origin, creed, political affiliation, or disability.

I have read and agree to the guidelines for using the above listed facilities.

Signature of Person Responsible

Date _____

Town of Vass Representative

**COMMUNITY ROOM
POLICY AND RULES**

1. Reservations will not be made more than 3 months in advance.
2. Under no circumstances will the maximum occupancy of 120 persons be violated.
3. Tables and chairs must be put back the way you found them.
4. Possession of alcohol and/or any illegal substances is prohibited on town property. This would include any parking areas.
5. Possession of any weapons, legal or otherwise, is prohibited.
6. Selling of any type of merchandise, tickets, materials or services is not permitted.
7. No sneakers/shoes with wheels.
8. Children under the age of 13 must be supervised at all times.
9. Absolutely no taping or tacking anything to community room walls, doors, floor, ceiling, or glass.
10. The use of tobacco products, in any form, is prohibited.
11. Cancellation must be received at least 10 days prior to scheduled use to receive a full refund of rental fee and deposit.
12. Rental fee is per day with a day being 8:00 a.m. until 10:00 p.m.
13. Your deposit will be refunded if you meet the following condition:
 - a) All areas of the community room, kitchen, restrooms and foyer are left clean.
 - b) No damages have occurred during your rental time.
 - c) No equipment or supplies are missing.
 - d) All tables and chairs are returned neatly to storage closet without scuff marks to walls and floors.
 - e) No footprints, hand prints or other marks on the walls and no black shoe scuff marks on the floors.

I have read and understand the conditions of this rental. I understand that any violation of these conditions will be cause for an immediate revocation of this agreement. I further understand that by signing this statement that I am fully responsible for any damages (minor and other) that may occur during the time of my rental.

Signature of Responsible

Individual _____ Date _____

COMMUNITY ROOM RENTAL CHECK LIST

In order to receive your deposit the following check list must be completed when picking up key and upon leaving the premises at end of event.

<u>IN</u>	<u>OUT</u>	
Kitchen		
_____	_____	Counters and appliances are clean
_____	_____	No marks on walls
_____	_____	Floors are clean - no dirt, spills or black scuff marks
Community Room		
_____	_____	No marks on walls
_____	_____	Floors are clean – no dirt, spills or black scuff marks
_____	_____	Thermostats reset to “Program” mode
_____	_____	Put all tables and chairs back to original location in room & closet
_____	_____	All trash bagged and placed in outside trash container
Foyer & Hallway		
_____	_____	No marks on walls
_____	_____	Floors and rug are clean – no dirt, spills or black scuff marks
Restrooms		
_____	_____	No marks on walls
_____	_____	Floors are clean – no dirt, spills or black scuff marks
_____	_____	Toilets are clean and flushed
Comments: _____		

Date In: _____	Time: _____	Group Rep: _____ Town Rep. _____
Date Out: _____	Time: _____	Group Rep: _____ Town Rep. _____