

Slippery Rock Township Building Rental Agreement

PLEASE RETURN THIS FORM WITH DEPOSIT

Labor, Release and Indemnification Clause

It is hereby understood and agreed that _____ does hereby release, discharge, and waiver forever any claim against Slippery Rock Township, the Slippery Rock Township Board of Supervisors, the agents and employees of both, or their heirs, successors, and assigns from any claim for loss, injury, or damages, of any nature whatsoever which may arise in the course of, or as a result of, _____ use of the Slippery Rock Township Community Center under the terms and conditions of the within Agreement. This release and waiver shall include any and all action, causes of action, claims and demands of whatsoever kind or future resulting from any known or unknown injuries, losses, or damages sustained or received by any person or entity, property thereof, arising, occurring, or resulting during, from as the result of, or in the course of the use of the Slippery Rock Township Community Center under this Agreement. It is understood that the release and waiver set forth herein shall apply to any and all such claims arising from the use of the Slippery Rock Township Community Center, as authorized herein, which may arise or be discovered subsequent to said use.

It is expressly understood and agreed that _____ does provide for foregoing release and waiver in consideration for the use of the Slippery Rock Township Community Center.

Further, it is understood and agreed that _____ shall hereafter indemnify, save an otherwise make whole the Slippery Rock Township, the Slippery Rock Township Board of Supervisors, the agents and employees of both, or their heirs, successors, and assign for any losses or expenses incurred as the result of any and all claims, action caused of action, or demands advanced by whatever source and for what ever reason as the result of, or in any way related to, _____ use of the Slippery Rock Community Center authorized under this agreement.

Witness

User

Date

PLEASE RETURN THIS FORM & REMIT PAYMENT TO:

Make check payable: Slippery Rock Township

P.O. Box 207

Slippery Rock, PA 16057

Required Fee \$: _____ Deposit \$: _____ Total Payment Due \$: _____

Phone: 724-794-2369 Fax: 724-794-9244 E-Mail: srtwp@aol.com

Date of Application: _____

Name of Organization: _____ Contact Person: _____

Name: _____

Phone: _____ Work/Cell Phone: _____

Address: _____

Address: _____

Date of Activity: _____

Hours of Use: _____ to _____

Description of Activity: _____

Please allow time for set up and clean up in the hours of use.

****NOTE****
PLEASE CONTACT THE TOWNSHIP OFFICE
AT 724-794-2369 SEVERAL DAYS PRIOR TO
YOUR SCHEDULED EVENT TO MAKE
ARRANGEMENTS TO PICK UP A KEY TO
THE BUILDING.

****NOTE****
IF YOU ARE RENTING THE BUILDING
MONDAY THROUGH FRIDAY YOU WILL
NOT HAVE ACCESS TO THE BUILDING
UNTIL AFTER 3:00 P.M. YOU CANNOT BEGIN
DECORATING OR FOOD PREPARATION UNTIL
AFTER THAT TIME.

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