

**CITY OF SEYMOUR-PARK & RECREATION DEPARTMENT
FACILITY RENTAL AGREEMENT
ONE CHAMBER SQUARE**

This rental agreement made and entered into by and between the City of Seymour Parks and Recreation Department and _____ (herein "lessee") for the use of (hereinafter "rental premises"), in Seymour, Indiana as follows.

1. All reservations for the rental premises must be made by contacting the Parks & Recreation Department at: (812) 522-6420. Reservations will be made on a first-come-first-served basis, and restricted to Seymour based organizations. The responsible applicant must be at least 21 years of age. Lessee shall complete application and all requirements listed herein. **All reservations must be approved by the Director of the Seymour Parks & Recreation Department.**
2. **Fees:** Assessed according to profit - not for profit status of the organization. Damage deposits may be assessed at the discretion of the Director
3. **Equipment Usage:** Tables/Bleachers/Sound Preparations
If organizations require any of the above, the request must be scheduled at the time the reservation is made, accompanied by a detailed schedule of events.
4. **Electricity:** If the use of electricity is required, notification must be made at least one week prior to the scheduled event.
5. **Alcohol: No alcoholic beverages or drugs permitted. No Exceptions!**

Lessees will accept the premises and any equipment in the existing condition and state of repair. Lessee agrees that no representations, statements or warranties, express or implied have been made by or on behalf of the Park & Recreation Department.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals this ____ day of _____, 20__

The undersigned, has read and agrees to assume responsibility for the above mentioned reservation and those persons participating, and is responsible for submitting all waiver forms supplied by the Seymour Parks & Recreation Department.

Lessee Signature

Lessee Signature

Printed Name

Printed Name

Approved By: Name of Park & Rec Employee

Group making reservation: _____

Type of activity to be held: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Reservation Date: _____

Fees Paid: _____

Rental Fee

Deposit Amount

Total Paid

Date Deposit Returned: _____

Amount Returned: _____

Certificate of Insurance - yes/no

If yes, list policy number and provide copy.

Policy Number _____

Lessee shall provide security guard(s) -yes/no

Yes to any activity involving a group under 18 years of age.