

I understand that this is a no alcohol, tobacco, controlled or illegal substance facility.

INITIAL HERE: _____

I understand that I am responsible for the repair or replacement of any damage incurred to the facility or its contents during the permitted activity and cleanup of the area utilized. I understand that my deposit may be retained to cover these costs and that I will be billed if the costs exceed the \$100 deposit.

INITIAL HERE: _____

I understand that I am responsible for cleaning the facility and returning its state to its original condition (including placement of tables, chairs, athletic equipment, etc.) and that failure to do so may result in the forfeiture of the deposit.

INITIAL HERE: _____

I understand that cancellations must be received by the Department, during normal business hours, at least 7 calendar days prior to the event to qualify for a full refund minus a \$5 service fee. Failure to do so will result in the forfeiture of 50% of the rental fee (the full deposit will be refunded).

INITIAL HERE: _____

I understand that these Rules and Regulations are not all inclusive and I must refer to the Community Center General Policies and Building Rental Policies for the policies in their entirety.

INITIAL HERE: _____

I understand that Kent County Parks and Recreation, Kent County Government, its elected officials and employees are absolved of all responsibility and liability for any damage, injury, or loss sustained by person or property as a result of the user's negligence or that of any member in their group.

INITIAL HERE: _____

Please be advised that this is not an approved contract until a staff member has indicated so below.
The Department reserves the right to cancel any Rental Contract.

For KCPR Use Only

Date Request Received: _____ \$100 Deposit Received: _____

Room Assigned: _____

Notes on when and how Requestor was notified: _____

Full Rental Payment Due: _____ Date Due (7 days after notification): _____

Date Received: _____ Form of Payment: _____ Staff Initials: _____

Notes: _____

Contract

Approved

Not Approved

Staff Initials: _____

Notes: _____

Cancelled by Contractholder on: _____ Reason: _____

Cancelled by Department on: _____ Reason: _____

Refund Information (if applicable): _____

\$100 Deposit Information:

Refund in Full

Partial Refund

Deposit Retained in Full

If any part of the Deposit is retained by the Department please explain: _____

If refunding any part of the Deposit please indicated date submitted to the Finance Office: _____