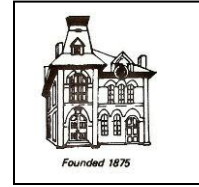


FACILITY RENTAL CONTRACT
Village of LaGrange
301 Liberty Street, LaGrange, Ohio 44050



_____ \$20.00 Application Fee

I, _____ representing

_____ (name) (family, group or organization)

for _____ hereby reserve the following Village space: (circle one)
(event or activity)

COUNCIL CHAMBERS (large hall) or Atrium/Lobby (small hall) or Gymnasium

Event Date: _____ Time: _____: _____ AM/PM to : _____: _____ AM/PM

RENTAL CHARGES: (Insurance MUST be purchased; the Village will provide insurance information)

Council Chambers: **\$200.00** (Village Residents) **\$300.00** (non-residents); **\$150.00** security deposit
Village Hall Atrium: **\$100.00** (Village Residents) **\$200.00** (non-residents); **\$150.00** security deposit
Gymnasium: * **\$25.00** per hour; **\$150.00** security deposit

*Please refer to Item #7 in the Building Use Policy for Gymnasium specific costs.

After 5:00 PM opening for setup, or emergency employee on-call Fee \$50.00

I hereby declare that I have read and will comply with the terms, conditions, and general regulations set forth in this rental contract. I also declare that no illegal activity will be conducted or permitted on Village of LaGrange property during the designated hours of my event.

I hereby set forth my signature as the individual responsible for all payments and activities for this event. I agree that I will accept full financial responsibility for personal injury and property damages during use of said location. I understand that failure to comply with all rules of this agreement may result in being prohibited from future use of the facility. I also agree to indemnify, defend and hold harmless the Village of LaGrange, its officials, representatives, and its employees from all liability, claims, damages, or costs for or arising out of the use of any facility of the Village of LaGrange, whether it be caused by the negligence of the user, LaGrange Village, or either party's agents or employees, or otherwise. The security deposit shall be returned to the applicant.

The undersigned acknowledges receipt of the Village Policy Governing the use of its facilities.

ADDRESS: _____

PHONE #: (_____) _____ - _____ TEXT MESSAGING: YES NO

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

RETURN THIS PAGE WITH YOUR PAYMENT

Make checks or money orders payable to: **Village of LaGrange**

Note: To arrange for the use of facilities, call Walt Sukey or Mary Kay Gates: 440-355-5555