

Application for Facility Rental

Date: ____/____/____

Are you a: ☐ Town Resident ☐ Non-Resident ☐ Non Profit/Civic Organization

Applicant's Name: _____

Organization's Name: _____

Mailing Address: _____

Phone Number: _____

Purpose for the rental: _____

☐ Picnic Shelter

Date(s) Requested: _____

Time(s) Requested: _____

Number of hours total: _____

Rate: \$ _____ Deposit: \$ _____

Total Collected: \$ _____

☐ Ball Field

Date(s) Requested: _____

Time(s) Requested: _____

Number of hours total: _____

Rate: \$ _____ Deposit: \$ _____

Total Collected: \$ _____

- ☐ The applicant acknowledges receipt of the rules and regulations governing the use of all Town facilities and agrees that they will ensure compliance with them while they and their representatives are using own facilities. The Town of Marshville reserves the right to modify such rules as needed at any time. All applicants are to follow the instructions of the Town and its authorized representatives when utilizing Town facilities.
- ☐ The applicant understands that they are responsible for all set up and clean up and that this time is included in the two hour (unless otherwise noted) rental time. If using Town furnishings, they must be returned to the original set-up by the applicant at the end of the reservation period. The return of any deposit paid is contingent upon favorable inspection by town staff after use of the facility rented and cancellation fees may apply.
- ☐ Applicant assumes responsibility for any and all claims, damage, accidents arising out of his or her use of the facility, and further agrees to indemnify and hold harmless the Town of Marshville from any such actions and damages. The applicant understands and agrees that the Town of Marshville is not responsible for accident, injury or lost or damaged property resulting from the use of occupancy of any Town-owned property.

Signed: _____

Date: _____

Print Name: _____

118 E. Union Street, Marshville, NC 28103 | Town Hall: 704.624.2515 | Fax: 704.624.0175

Release of Liability & Waiver Form

All participants in Town activities must voluntarily sign a standard release form provided before using facilities and participation in programs.

As a participant of a program involving physical activity sponsored by the Town of Marshville, I understand that there are certain risks involved in any physical activity.

I understand that exercise, training, and using fitness equipment are potentially hazardous activities. I further understand that these activities involve risks of injury, aggravation of preexisting conditions, and in the most severe and extreme situations, even death. Furthermore, I acknowledge that exercise on the body cannot be predicted with complete accuracy and that changes may occur during or following exercise that could lead to these complications and adversely affect my health. I am also advised that a comprehensive medical examination is recommended before using the facility and its equipment and that a consultation with a physician is also essential to determine which physical activities, exercises, training and programs are recommended by my doctor. I have voluntarily decided to assume all responsibility and liability for using the facilities, equipment, machinery, and participation in all programs offered by the Town of Marshville.

Moreover, in consideration of use of facilities, equipment, machinery and programs, I personally assume all risks involved in all exercises, training, activities and programs operated by the Town of Marshville. I also waive and release, now and forever, all claims and causes of action against the Town of Marshville, its elected or appointed officers, agents, volunteers, employees, representatives, consultants, executors, and all others directly or indirectly connected with the Town of Marshville from any personal injury I sustain, including death; any medical condition which results in any aggravation of a pre-existing medical condition; and any and all damages that I sustain in any way from the direct or indirect result of my activities, exercise, training and participation in Town of Marshville activities. I further hold the Town of Marshville harmless from any loss to personal property which is lost, stolen or damaged while I use, or am present at Town of Marshville facilities. *I agree to abide by the rules of use for the Town of Marshville facilities.*

I also understand that all payments for any sessions must be made at Town Hall prior to use of facilities and participation in programs.

If you are currently under a physician's care for an injury, condition or illness, the Town of Marshville strongly urges you to consult your physician before conducting any exercises, using any equipment, or participating in any program administered by the Town of Marshville.

Sign: _____

Date: _____

Print Name: _____

OFFICE USE ONLY

Reservation was completed on: _____ Completed by: _____

Deposit received: ☐ Yes ☐ No Total Amount Received: ☐ Yes ☐ No Total Amount Rec'd: \$ _____

Deposit Refundable: ☐ Yes ☐ No Deposit Amount: \$ _____ Deposit Returned on: _____

Completed by: _____

Notes: _____