

Ann Hansen Community Center Rental Use Agreement

Leisure Lake Association, Inc., 71660 NW 25th Street, Trenton, MO 64683 (660) 789-2793

Date of Event: _____ Time of Event: _____ Type of Event: _____

Number of People Expected: _____ Member of Lake: Yes _____ No _____

Individual Name: _____

Mailing Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Please read and sign:

- If I am a member of Leisure Lake Association, I am a fully paid member
- Responsible for the keys of the AHCC.
- Do not remove tables and/or chairs from the building.
- No Smoking is permitted in the AHCC.
- No Pets are allowed in the AHCC.
- No staples, nails or tacks are to be used. All decorations must be hung using masking tape and completely removed following the activity.
- Please keep amplified music/announcements to a minimum volume to respect the surrounding neighbors.
- I agree that the AHCC will be clean and not damaged.
- I agree and am aware that the \$50 cleaning deposit for fully paid-up members & \$100 cleaning deposit for non-members will not be refunded if additional cleaning is needed and any garbage left behind.
- Usage Fee: \$15 per half day & \$30 for full day for members, \$150 per day for non-members.
- Hours: Half day (7:00 a.m. – 2:00 p.m. or 3:00 p.m. – 11:00 p.m.) or a full day (7:00 a.m. – 11:00 p.m.). There are no overnight rentals.

I, _____ (party responsible for rental) have read and understand the rules and regulations governing the use of the AHCC and agree to abide by said rules, regulations, and policies. I understand that I, the undersigned, will be held completely and totally responsible for all damages that are incurred during the use of the AHCC and the deposit in no way limits my liability to the extent of damage. I, the undersigned, also understand that I am responsible for the application of insurance proceeds, if any, to the repair or replacement of the premises or property thereon necessitated by any damages due to negligence, accidents or on purpose, and if not insured, I shall repair the demised premises or replace or repair property thereon solely at my expense. Leisure Lake does not assume liability for any injury or death, or loss of personal property to any individual or group associated, employed, or in conjunction with the party responsible on or about the premises, sidewalks, grounds.

Signature of Responsible Party

Date

For Office:

Deposit Received: _____ Type of Payment: _____ Received By: _____

Calendar Marked: _____ Inspected: _____ Deposit Returned: _____