Ann Hansen Community Center 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 a member of Leisure Lake Association, I am a fully paid member
- Responsible for the keys of the Community Center.
- Do not remove tables and/or chairs from the building.
- No Smoking is permitted in the Community Center.
- No alcoholic beverages are to be consumed.
- No Pets are allowed in the Community Center.
- 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 Community Center will be clean and not damaged.
- I agree and am aware that the \$50.00 cleaning deposit will not be refunded if additional cleaning is needed and any garbage left behind.
- Usage Fee: \$10 per day for members in good standing & \$100 per day for non-members

I, _______, (party responsible for rental) have read and understand the rules and regulations governing the use of the Community Center and agree to abide by said rules, regulations, and policies. I understand that I, the undersigned, will be held completely and totally responsible for any and all damages that are incurred during the course of the use of the Community Center 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, and grounds.

Signature of Responsib	le Party	Date	
For Office: Deposit Received:	Type of Payment: _	Received By:	
Calendar Marked:	Inspected:	Deposit Returned:	
Revised 10 05 2021			