



RARA FACILITY RENTAL APPLICATION

Room Name: _____ Dates requested: _____

Type of activity: _____ Time of event: _____

Open to the public?: (YES) (NO) (Including set-up and clean-up)

Expected Attendance: Adult _____ Youth _____

Will sales/money transfers take place on the premises? (YES) (NO)

Type of sales: _____

Will Food be sold? (Yes) (No) Permits are required for food service.

Room Space(per hour) and Equipment needs:

\$195 Full Field House() \$120 Half Field House() \$60 Wright Room()

\$60 Messy Room() \$50 Dance Studio() \$50 Playscape()

Equipment: Number of tables _____ Number of chairs _____

Other: _____

REGULATIONS & POLICIES:

1. Reservation will not be confirmed until a rental application is complete and full payment is received.
2. Deposit: Renters credit card will be kept on file for any damages that occur during the rental.
3. Any defects in the room must be identified and brought to the attention of RARA prior to the rental.
4. Rental reservation must include all time for prep and cleanup. Renters will be charged for any additional time they did not reserve.
5. Team/Organizational Rental: Proof of liability insurance in the form of a Certificate of Insurance listing RARA as additionally insured must be provided in the minimum amount of \$1,000,000. If food is being served a proper permit is required with the application.
6. Facility personnel may be required for certain uses or activities as determined by the facility supervisor. If this is required, you'll be notified of any fees that may/will be charged to you.
7. The renter will be billed for damages, losses and unsatisfactory cleanup fees in excess of the deposit on their registered credit card.
8. The rental supervisor reserves the right to monitor, intervene or terminate the event at any time.
9. RARA or its representatives are not responsible for any lost, stolen or damaged property.
10. Renter is responsible for knowing and adhering to all appropriate recreation facility rules. Applicants must sign in agreement of the Indemnity Agreement on the back page.

Name of Applicant/Authorized Representative of Applicant: _____

Signature: _____ Date: _____

(Must be 21 years of age or older)

Name of Organization if Applicable: _____ Email: _____

Address: _____ City/State/Zip Code: _____

Phone Number: _____

(After hour problems call Dave 248-805-2081) -OVER- (FOR INFORMATION/SIGNATURE LINE)

INDEMNITY AGREEMENT

Applicant agrees to be bound by the Recreation Facility Rental Application regulations and policies. Violation of any of these regulations and policies may result in: immediate termination of the event, legal responsibility for damages in excess of deposit, forfeiture of deposit and future use of the facility.

Applicant agrees to indemnify and hold RARA, its officers, agents and employees harmless from any and all claims, actions, liabilities, cost, including attorney fees and all other costs of defense, arising out of or related to the activities of applicant and participants during the use of the facility under the terms of this application.

Applicant agrees that during the use of the recreation facility, applicant will not exclude any invited individual from participation, deny anyone the benefits, or otherwise subject anyone to discrimination because of the person's race, religion, color, sex, national origin, marital status, familial status, age, sexual orientation, source of income or disability.

Applicant understands that the Rochester Avon Recreation Authority is not a sponsor of this activity nor will it provide any supervision of the activity.

Applicant understands that RARA makes no warranties or guarantees as to the condition of the facilities or of the equipment covered by this application; and the applicant and other participants will be using the facilities at their own risk.

APPLICANT ACCEPTANCE OF RENTAL AGREEMENT & INDEMNITY:

Signature is required.

Signature is acknowledgment that the applicant has read and understands the Indemnity Agreement.

Signature of Applicant/ Authorized Representative of

Applicant: _____ Date: _____
 (Must be 21 years of age or older)

OFFICE USE ONLY Room Space	Fee	Rental Approved By: _____ Date: _____
Field House		Type of Rental: (Private) (Program Partner) (Community Partner) (Other)
Wright Room		Notes:
Messy Room		
Dance Studio		# in Attendance _____
Playscape		Insurance Required: (Yes) (No) Received By: _____
Total Rental Fee:		Date: _____ Received By: _____

Rochester Avon Recreation Authority
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