

# MONTGOMERY COUNTY PARKS AND RECREATION

## SOUTH GUTHRIE COMMUNITY CENTER Facility Use Contract

NAME OF PERSON RESPONSIBLE FOR RENTAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL #: \_\_\_\_\_ ALTERNATE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ to \_\_\_\_\_

TYPE OF FUNCTION: \_\_\_\_\_ NUMBER OF GUEST: \_\_\_\_\_

# OF TABLES \_\_\_\_\_ # OF CHAIRS \_\_\_\_\_ DINING STYLE OR THEATHER STYLE (circle one)

AUDIO- VISUAL: YES / NO (circle one) \*additional fee for use of audio visual equipment is required.

**FEES: DEPOSIT: \$100.00 RENTAL FEE: \$150.00 per day**  
**A/V EQUIPMENT: \$25.00 (projector hook up only)**

RENTAL FEES\$ \_\_\_\_\_ DEPOSIT: \$ \_\_\_\_\_ AV\$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

*\*Please check the following items to acknowledge that you have read the information provided. Based upon the information supplied,*

\_\_\_\_\_ I am at least 21 years of age.

\_\_\_\_\_ I have read and agree to abide all rules and regulations as stated by the policy guidelines.

***The organization using the Montgomery County facilities agrees to protect, defend, indemnify and save harmless the County, their officers, employees and agents from any and all costs, claims, judgments and awards for damages arising out of or in any way resulting from the use of County facilities. In the event the County incurs any fees, expenses and/or costs, including attorney fees, to enforce the provisions of this article, all such fees, expenses and costs shall be recoverable from the organization.***

***I, the undersigned hereby certify that I am the authorized and responsible representative of the petitioning organization, that the above statements are true to the best of my knowledge, and I have read all the regulations, policies and facility use requirements governing users of the County facilities, which enclosed with this permit. The undersigned agrees to accept any and all legal liability for damages to any or all parts of the facility and/or equipment covered in the permit and/or injuries incurred by any or all of the group members.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature implies legal responsibility of compliance with all conditions of use as outlined by the Parks & Recreation Department. **A copy of this contract must be available at the event for proof of reservation.**

STAFF USE ONLY:

RENTAL FEE	DEPOSIT	DATE PAID	CHECK #	RECIPT #

DEPOSIT RETURNED: \_\_\_\_\_ DATE: \_\_\_\_\_ VENDOR # \_\_\_\_\_

Permit issued by: \_\_\_\_\_ Date: \_\_\_\_\_

1030 Cumberland Heights Rd. Suite B, Clarksville, TN 37040  
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