

**Brooke- Alvinston -Inwood Community Centre Complex
Rental Agreement for Auditorium**

3310 Walnut Street, Box 28

Alvinston, ON., N0N 1A0

Office Phone - 519-898-2173 Fax- 519-898-5653

Arena phone- 519-898-2150 Fax- 519-898-5654

Name: _____ Date of Event: _____

Time of event: _____ Type of Event: _____

CONDITIONS OF AGREEMENT

The undersigned agrees to leave the property and its contents in the same condition in which it was found and agrees to pay the cost of any damage to the building and/or loss or damage to any equipment belonging to or being used with the consent of the Brooke- Alvinston- Inwood Community Centre Complex.

The undersigned agrees it indemnify and save harmless and keep the Corporation of the Township of Brooke -Alvinston and The Brooke- Alvinston- Inwood Community Centre Complex its servants and agents against any legal liability for losses, damages, claims action demands, suits and cost arising directly or indirectly by virtue of this rental agreement .

The undersigned agrees to use bar supplies (example- ice, pop, cups) that is provided by the Brooke- Alvinston -Inwood Community Centre Complex. **No Bar supplies** (with the exception of juice), will be allowed to be brought in by the Renter of the Auditorium. **If Bar supplies are brought in by the renter a \$50.00 fee will be taken out of the damage deposit.**

Cost of renting Auditorium is subject to change with 30 days notice. A Deposit of \$225.00 for Rental of Auditorium and Damage Deposit of \$225.00 is required upon signing of this agreement. Please sign and return or fax to the office of Township of Brooke- Alvinston. **THE DEPOSIT IS NON REFUNDABLE UNLESS THE FACILITY CAN BE REBOOKED.**

It is the responsibility of the applicant to acquire the appropriate licenses and pay any applicable tariffs for their event. Smoking is strictly prohibited in the facility. Anyone violating the by-law could result in charges to the individual and /or user group. We require a copy of the license(s) prior to the event. **Pyrotechnics are strictly prohibited.** All candles must be contained in a jar or vase, no open flame candles are allowed.

The Brooke- Alvinston -Inwood Community Complex reserves the right to pre-empt any sporting event should the need arise. The renters are responsible for set-up of tables and chairs, cleaning of kitchen to the way it were when you started, all dishes are to be washed, dried and put away.

Auditorium Charges

Auditorium with Kitchen & Bar-\$473.45 plus H.S.T. (\$225.00 due upon signing this agreement)

Auditorium with Kitchen- \$442.48 plus H.S.T.

Auditorium Only- \$376.11 plus H.S.T.

Auditorium Weekday from 8am-4pm- 371.68

Auditorium Weekday 4 hours or less- \$247.79

Damage Deposit- \$225.00 (separate cheque, refunded following inspection of facility after event)

Extra Day Set Up- \$209.74 plus H.S.T. (allows for decorating, set up, kitchen use tec.)

I/We have read the above agreement and agree to comply.

Name: _____
Mailing Address: _____
Postal Code: _____
Phone: _____

Make all cheques payable to: The Township of Brooke- Alvinston

Agreement Prices

| | | |
|-------------------|----------|---|
| Auditorium Charge | \$ _____ | |
| Extra Day Setup | \$ _____ | |
| H.S.T. -13% | \$ _____ | |
| Total Cost | \$ _____ | |
| Less Deposit | \$ _____ | |
| Balance Due | \$ _____ | |
| Damage Deposit | \$ _____ | (separate cheque, dated 2 weeks prior to Event date.) |

It is up to the renter to ensure that all applicable liquor licenses and permits are in place prior to the event. Insurance is not offered by the Brooke- Alvinston- Inwood Community Complex but is recommended. All guests attending the event are the responsibility of the rental party.

Date: _____

Renter: _____

B.A.I.C.C.C. Staff _____

**MUNICIPALITY OF BROOKE-ALVINSTON
MEAT SLICER USER AGREEMENT**

I, _____
(print name)

on behalf of _____ do certify that:
(name of organization/facility renter)

- I have received and reviewed a copy of the operating instructions for the meat slicer at the Brooke-Alvinston-Inwood Community Centre.
- I understand that I am responsible for my own safety while using and cleaning the meat slicer for the duration of the rental by the above organization.
- I understand that I am responsible for the safety of persons other than myself who may use or clean the meat slicer for the duration of the rental by the above organization, whether the operator has or has not received a copy of the operating instructions.
- I understand that I am responsible for any accidents, injuries, damages, etc. that may occur related to the meat slicer and related equipment for the duration of the rental by the above organization.
- I understand and acknowledge that I am responsible for making decisions regarding the operation of the meat slicer during the rental by the above organization.
- I understand that I am liable for injuries, damages and health related illnesses arising from the use and cleaning of the meat slicer. I will in no way hold the Municipality of Brooke-Alvinston, the Municipal Staff or Municipal Volunteers responsible in any manner.

Name (print) _____

Address _____

Phone Number _____

Signature _____

Date _____