



Town of Johnstown

COMMUNITY CENTER RENTAL AGREEMENT

Name of Group/Individual: _____

Person Responsible: _____

Address: _____

City / Zip Code: _____

Telephone Number: _____ Email Address: _____

Refund to be issued to: _____

Type of Event: _____

Date of Event: _____ Number of people attending: _____

(Maximum capacity 150 people)

A key must be picked up between 8:00 am - 5:00 pm, M-F at Town Hall 450 S Parish Avenue, a day or two before your event. Staff will not be available to get you keys on weekends, holidays, or before/after hours.

Alcohol: Y or N - Police Officer required – See Community Center Rental Fee Form.

Resident: _____ **Non-Resident:** _____ **Kitchen Needed:** Y or N

Set Up: _____ (am/pm) and **Clean Up:** _____ (am/pm) **(No charge 2 hours total)**

Time of Event: From: _____ (am/pm) to: _____ (am/pm)

Total Event Hours _____ **at \$** _____ **Per Hour = Rental Amount Due: \$** _____

Office use only:

Damage Deposit: \$ _____ **Date:** _____ **Ck#:** _____

Rental Fee \$ _____ **Date:** _____ **Ck#:** _____

Cleaning Fee: \$30.00 per hour. Assessed Y/N

Refund Requested: _____ **Issue to:** _____

(Signature required on the back)

ASSUMPTION OF THE RISK, WAIVER & RELEASE OF LIABILITY

I, on behalf of myself and my heirs and legal representative, forever release, waive, discharge, and covenant not to hold liable the Town of Johnstown and its official, employees and agents from any injuries or death caused by negligence, intentional wrongdoing or other acts.

I will stay apprised of and follow the recommendations of state and federal officials and health departments related to COVID-19. I will and will encourage my attendees to follow social distancing protocols and use recommended personal protective equipment. Additionally, I will and will encourage my attendees to refrain from attending my event if exposed to or experiencing symptoms of COVID-19, including, but not limited to:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

***I have received, read, and fully understand and agree to the rules and regulations governing the facility usage. Failure to meet these rules and regulations will result in immediate termination of event or activity. The undersigned assumes full responsibility for use of the center and agrees to reimburse the Town of Johnstown for any damage or cost of cleaning up which exceeds the security deposit.**



Signature: _____

Date: _____

Key # _____ picked up on (date) _____ by (print) _____

Key # _____ dropped off on (date) _____ by (print) _____

The Community That Cares

johnstown.colorado.gov

P: 970.587.4664 | 450 S. Parish Ave, Johnstown CO 80534 | F: 970.587.0141