**CAMDEN TOWNSHIP RECYCLE BUILDING**

**RENTAL CONTRACT AGREEMENT**

417 State Street, Kipton, OH 44049 *No Mail Delivery*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Name, please print) (Event or Activity, please print)**

hereby reserve the Camden Township Recycle Building. (**Contract** & **payment** **must** be in the **same name**.)

(Please fill in all information – ***estimate*** numbers and hours ***including set-up***.)

**Event Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number in Party** \_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_ to \_\_\_\_\_\_ (Total use)

**Security Deposit** $**25** **(Due now to hold date.)** (Rental Fee due 90 days prior to event.)

**Rental Fee** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Due by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Security Deposit + Rental Fee)

**Amount Due Now** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full Deposit will be returned after the event **if** hall is clean, undamaged, & all rules are followed. Please call if you do not receive deposit refund or notice in 1 month.)

**I hereby declare** that I have read and will comply with the Terms, Conditions, and General Regulations set forth in this Rental Contract. I also declare that no illegal activity will be conducted or permitted on the Camden Township property during the designated hours.

**I hereby set forth my signature** as the individual responsible for all payments and activities regarding this event. Camden Township reserves the right to deny the use of the Recycle Center to groups, organizations or individuals who fail to comply with the rules and regulations set forth.

**It is understood** that all individuals, groups, or organizations using the above-designated Recycle Center will comply with the laws of the State of Ohio, the Township of Camden and all rules and regulations set forth by Camden Township:

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

Group (if applies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make checks or money orders payable to: Camden Township**

(If paying in cash, bring exact amount. No change available.)

**MAIL TO: CAMDEN TOWNSHIP**

**P.O. BOX 172**

**KIPTON OH 44049**

**QUESTIONS: Rental/Scheduling: John Ciarrone 440-775-2015 or fiscalofficer@camdentwp.us**

**Office is located at 42 Court St., Kipton.**

Call early in the week to arrange for the key. (Please call before coming.)

Evening: 440-935-7258 for Emergency key or Cherie Parrish 440-610-5520 – Please leave a message-don’t answer unless know caller.

**(Contract copy will be returned to you.)**

2/21

**OVER**

# **HALL RENTAL AGREEMENT**

Township of Camden, Lorain County

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agrees to hold harmless the

(PRINT)

Township of Camden its agents, employees or any other person

against loss or expense, including attorney’s fees, by reason of

the liability imposed by law upon the Township, except in cases

of the Township’s sole negligence, for damage because of bodily

injury, including death at any time resulting therefrom, sustained

by any person or persons, or on account of damage to property

arising out of or in consequence of this agreement, whether such

injuries to persons or damage to property are due or claim to be due

to any passive negligence of Camden Township, its employees or

agents or any other person.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

7-09