**YORK AREA SENIOR CENTER RENTAL/USER AGREEMENT**

Any violation of the stated rules and regulations or intentional abuse or neglect to the York Area Senior Center facilities and equipment will result in non-return of the renter’s deposit and future use of the building will be revoked. By entering into this agreement, the undersigned renter shall hereby waive all claims against the York Area Senior Center or the City of York which may arise out of the use of the York Area Senior Center; and further agrees to indemnify the York Area Senior Center and the City of York for any damages to the premises, equipment or furnishings incurred during the time of said agreement and further to save and hold harmless the York Area Senior Center and the City of York claims of any and all persons arising out of the premises of the renter.

The York Area Senior Center or the City of York assumes no responsibility for liability insurance coverage when facilities are used by an outside group.

I have read the York Area Senior Center Rental Regulations and this York Area Senior Center Rental/User Agreement and understand that I am responsible to see that they are met. I further understand that if these rules and regulations are not met, all or part of the damage deposit may be held by the York Area Senior Center or the City of York and that I or the organization I represent may be denied any future use of the building and premises.

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**Printed Name Signature Date**

**APPLICANT/ORGANIZATION NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CITY**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP**\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESPONSIBLE PERSON/TITLE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE NUMBER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Private Use**\_\_\_\_\_  **Non-Profit**\_\_\_\_\_ **Commercial**\_\_\_\_\_ **Admission/Items for Sale**\_\_\_\_\_

**Type of Function**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Function**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours Requesting**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include set up & clean up)

**Estimated Number in Attendance**\_\_\_\_\_\_\_\_\_

**AREA(s) REQUESTED & COST:** **Conference Room**\_\_\_\_\_\_\_\_\_ **Main Dining Area**\_\_\_\_\_\_\_\_ **Kitchen**\_\_\_\_\_\_\_\_

**With Alcohol**\_\_\_\_\_\_\_ **Without Alcohol**\_\_\_\_\_\_\_ **Product Sales**\_\_\_\_\_\_\_ **Admission Charged** \_\_\_\_\_\_\_

**RENTAL FEE**\_\_\_\_\_\_\_\_\_\_ **CLEANING/DAMAGE DEPOSIT**\_\_\_\_\_\_\_\_\_\_ **TOTAL**\_\_\_\_\_\_\_\_\_\_ **Deposit Due** \_\_\_\_\_\_\_\_\_\_

The rental deposit of 50% for the area (conference room-$10) rented is required to reserve the date of the scheduled event. It is required to be paid at the time the decision is made to rent. This deposit will be deducted from the total rental fee at the time of the final payment. The total fee, including base rent and damage deposit must be paid a minimum of 10 days before the event. The damage deposit must be a separate check from the rental deposit payment. If the event is cancelled 10 days or more before the event, the rental deposit will be returned minus $25 from the deposit rate. After this time, the entire deposit is forfeited. Payment for events scheduled on a short notice (less than 10 days prior to the date needed) will be worked out on a case by case basis.

**IF ALCOHOL IS TO BE SERVED:** Proof of completion of proper forms mentioned in the rental regulations must be present to the York Area Senior Center Rental Representative prior to approval for use of the facility.

Please complete, sign above and return this form in the enclosed envelope within 10 days of receiving and a copy will be returned to you for your records.

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**York Area Senior Center Representative**  **Date**

*Office Use:*

*Date of Initial Request\_\_\_\_\_\_\_\_\_\_\_\_ Balance Due by\_\_\_\_\_\_\_\_\_\_\_ Deposit Paid\_\_\_\_\_\_\_\_ Balance Paid\_\_\_\_\_\_\_\_\_\_\_*