



## Indian Valley Community Room Agreement

Date Requested: \_\_\_\_\_ Times Requested: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Number of People Attending: \_\_\_\_\_ Requesting Kitchen: Yes \_\_\_ No \_\_\_

Floyd County EMS staff shall have the right to always enter the premises for the purpose of determining whether the premises are being used in accordance with the terms of this agreement.

Floyd County EMS shall not be responsible for fire, theft, or damage to personal property or personal effects brought into or stored in the facility by the responsible party or any of their guests, invitees, licensees or users.

No animal of any kind shall be allowed on the premises (except for an individual service animal) without prior specific written permission of Floyd County EMS.

Thermostats may only be adjusted FCEMS Staff.

Tables and chairs may be rearranged. Moving other furniture or appliances is prohibited.

The party listed in the booking is responsible for cleaning up after the event by wiping down tables and sweeping and mopping floors. Place tables and chairs back into their original location. All trash must be bagged and deposited in the dumpster located just down the road from the building. Cleaning supplies are available in the storage closet.

Smoking is prohibited inside the building and within 30 feet of the building.

Alcohol is strictly prohibited on the entire property.

Contact Person: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

I agree to abide by all the rules and regulations above regarding Community Room use.

I agree that I am responsible for myself and for my guests' safety to the point of producing a safe event or activity.

I hereby assume all risks and responsibility of damage to the property of Floyd County as it relates to my event and my use and/or misuse; and hold the County of Floyd, its agents and representatives harmless for all suits relating to the use of County owned facilities.

I have read the above items of the Release and Waiver, understand them, agree to abide by them, and hereby acknowledge that I understand this Release and Waiver.

I am at least 18 years old and may legally sign this document.

Applicant Printed Name: \_\_\_\_\_

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

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

Staff Printed Name: \_\_\_\_\_

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

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