

JOHNSTOWN TOWNSHIP HALL RENTAL AGREEMENT

HALL RENTAL FEE:	\$100.00	CHECK #1
HALL RENTAL DEPOSIT:	\$100.00	CHECK #2
HALL RENTAL FOR FUNERAL	\$ 50.00	

NO HOLIDAY RENTALS: EASTER, THANKSGIVING, CHRISTMAS, NEW YEAR'S EVE OR NEW YEAR'S DAY.

NOTE: THESE FEES ARE SUBJECT TO REVISION AT ANY TIME BY THE JOHNSTOWN TOWNSHIP BOARD.

The Township has the right to terminate the rental agreement and to require the renter and their guests to vacate the premises in certain events such as: violation of any Federal, State, or Local laws or regulations; damage to the premises or personal property, including personal property of the renter or guests or personal injury to same, or where guests become unruly and there is a significant threat of damage or injury to persons or property. If any of the above occurs, the rental deposit will be forfeited. The Township reserves the right to refuse future rental to those who violate this agreement.

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- Renters must be Township residents. Renters must be a minimum of 21 years of age. The resident renting the hall must be present at all times during the rental.
- The rental period is for one day only. In some circumstances, prior set-up can be arranged, but is limited to two hours the day before and after 5 p.m. There is no next day clean up.
- The building must be vacated by 11:00 p.m.
- The Smoking in Public Places law prohibits smoking in indoor common areas or **within 25 feet of any indoor common area.**
- No alcoholic beverages. Any alcohol found being served on the premises will result in immediate vacating of the premises and loss of deposit.
- No gambling on Township property.
- Township property may not be removed from the building.
- The renter is liable for all damages which occur while the hall is being rented. The renter understands that if damages or cost for clean-up exceed the amount of the deposit, the renter is liable for the additional expenses required to return the hall to its original condition.
- Only the meeting room, kitchen, and restrooms may be used.
- Maximum capacity is 100 people.
- No fireworks of any kind.
- **NO TACKS, STAPLES, OR TAPE ARE TO BE USED FOR FASTENING DECORATIONS TO WALLS OR CEILINGS.**
- **NO GLITTER, CONFETTI, or CANDLES.**
- Renters must bring their own dishes, utensils, and table coverings.
- **NO RED, ORANGE, or GRAPE BEVERAGES.**
- Drip pans must be used for beverage containers.
- Kitchen **IS NOT** to be used for food preparation but can be used as a warming kitchen.
- No fundraising events, garage sales, or auctions are allowed.
- No campaign signs on Township property.
- The facility must be left as it was when rented. The deposit will be refunded and mailed after the inspection of the premises ensures that the building is left in a clean and orderly condition with no loss or damages.

Johnstown Township Wavier:

In consideration for the use of the Township Hall facilities, I, as the renter and sponsoring Township resident, agree to defend, indemnify and hold harmless the Johnstown Township from any claim, demand, suit, loss, cost of experience, or any damage which may be asserted, claimed or recovered against or from the renter or Johnstown Township by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury, or death, arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense if caused in whole or part by the negligence of the renter or Johnstown Township, or by third parties, or by the agents, servants, employees or factors of any of them.

Name of Renter (please print)

Signature of Renter

Address

City/State/ZIP Code

Phone

Rental Date

- Full set up (max. 100 guests)
- Partial set up (_____ guests)

Driver's License Number of Renter

<u>TOWNSHIP USE ONLY</u>	
_____	Date Deposit Paid/Check #
_____	Date Rental Paid/Check #
Township Official Approving Rental	
<input type="checkbox"/> Deposit Check Destroyed _____(date)	
<input type="checkbox"/> Deposit Check Retained _____(date)	
NOTES:	