

**CITY OF CAVE CITY
COMMUNITY BUILDING AGREEMENT**

I, _____ agree to the following:

**KEY MUST BE PICKED UP DURING BUSINESS HOURS
MONDAY – FRIDAY 8:00AM – 4:00 PM**

1. A \$100.00 deposit is required at the time of reservation. \$25.00 of the deposit will be refunded upon inspection of the facilities after use to determine that no damage or abuse has occurred. **Cancellations must be received within 72 hours for deposit to be refunded.**
2. You will find mop, bucket, garbage can liners etc., in the supply closet in the hall.
3. User must be at least 18 years of age. If user is under 18 years of age, they must have the written permission and supervision from a parent or responsible adult.
4. Loud and/or obscene language or noise audible from outside of the building will not be tolerated.
5. Do not stick anything to the ceiling tiles or the walls of this facility. Tables may be decorated.
6. All equipment must be cleaned and returned to proper place.
7. Trash, and/or garbage should be secured in plastic bag and put in dumpster, which is located behind the community building.
8. Do not adjust thermostat for any reason.
9. **Clean oven after any use. (If not cleaned, a \$20.00 fee will be added to your rental and deposit fee.)**
10. Building must be vacated by 11:00 p.m.
11. Upon leaving the building, assure that all **doors are locked**, all **lights are turned off** and **water faucets are off.** Recheck bathroom lights and water.
12. Return Key to City Hall between the hours of 8:00 a.m & 4:00 p.m. Monday thru Friday.
REFUND WILL NOT BE PROCESSED UNTIL KEY IS RETURNED
13. The user of the Community Building shall indemnify, defend and hold harmless the City of Cave City, its agents and employees from and against all claims, damages and losses and Expenses, including attorney's fees.
14. **DEPOSIT WILL NOT BE REFUNDED IF THERE IS A VIOLATION OF ANY OF THE ABOVE CONDITIONS/TERMS OF AGREEMENT.**
16. If you notice anything broken, not working, please report immediately to staff at City Hall so that it can be repaired or replaced.
17. **PHOTO ID REQUIRED**

SIGNATURE

DATE SIGNED

Social Security Number or DLN _____