

## BIDDEFORD RECREATION DEPARTMENT



## Community Center Room Rental Form 207-283-0841

Or	ganization	Contact Name
Mail	ing Address:Stree	Zip:
ъ.		•
		Second Phone:
Spac	e(s) needed:	Date of eventTime:
Is thi	is a recurring event?yes_	o If YES, please list dates
Nam	e of Event :	Number of people expected to attend
Num	ber of Tables needed:	Number of chairs needed
Pleas	se list any additional needs fo	ur event:
		Liability and Release
A.	"City"), and/or right-of-way, hereinafter and against all liability, claims, or injury, including without lin death, or any other loss of any rights-of-way, whether any sucl	tted to use the facilities and/or rights-of-way of the City of Biddeford, (hereinafter (insert name of person/entity seeking permission to use facilities dicant") agrees to indemnify and hold harmless the City, its officers, employees, and insurers, from emands, which are incurred, made, or brought by any person or entity on account of damage, loss, n claims arising from property loss, or damage, bodily injury, personal injury, sickness, disease whatsoever, which arise out of or are in any manner connected with the use of the facilities and/or lity, claims, and demands result from the act, omission, negligence, or other fault on the part of the from any other cause whatsoever.
В.	or to the City rights-of-way, the	hat in the event of damage, loss or injury to the facilities or to any property or equipment therein may deduct from any damage deposit the full amount of such damage, loss, or injury. Applicant ss, or injury exceeds the amount of the damage deposit, Applicant will promptly reimburse the Cityn billing by the City.
C.	officers, employees, members, and against all liability, claims property loss or damage, bodil	g permitted or allowed to use the facilities and/or rightof-way, Applicant on behalf of itself and its articipants, hereby expressly exempts and releases the City, its officers, employees, insurers, from demands, on account of injury, loss, or damage, including without limitation claims arising from ry, personal injury, sickness, disease, or death, that Applicant may incur as a result of such use, demands result from the act, omission, negligence, or other fault on the part of the City, its officer, ause whatsoever.
individi	ial has reserved with the Re	n full force and effect for the duration of the event in which the organization or tion Department.  The of reservation approval unless other arrangements have been made.
Signature		
Name I	Printed	
• need	ls to be completed	Rev 1/2024
office Use	only:	
e Received	: Check #	CC Cash Received by: