

BIDDEFORD RECREATION DEPARTMENT



Community Center Room Rental Form 207-283-0841

Or	ganization	Contact Name
Mail	ing Address:Stree	Zip:
ъ.		v
		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 f	our 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 suc	inted to use the facilities and/or rights-of-way of the City of Biddeford, (hereinafter
B.	or to the City rights-of-way, th	that in the event of damage, loss or injury to the facilities or to any property or equipment therein y may deduct from any damage deposit the full amount of such damage, loss, or injury. Applicant oss, or injury exceeds the amount of the damage deposit, Applicant will promptly reimburse the City on billing by the City.
C.	officers, employees, members, and against all liability, claims property loss or damage, bodil	ag permitted or allowed to use the facilities and/or rightof-way, Applicant on behalf of itself and its participants, 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 ary, 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, cause whatsoever.
individi	ial has reserved with the Ro	in full force and effect for the duration of the event in which the organization or ation Department. me of reservation approval unless other arrangements have been made.
Signature		
	Printed	
neea	ls to be completed	Rev 1/2024
office Use	only:	
e Received	: Check #	CC Cash Received by: