

The Salvation Army
Lake County Area Services

69 Pearl Street ~ Painesville, Ohio 44077

Phone: (440) 354-3774

Fax: (440) 354-1425

Gymnasium Usage Agreement Form

Date: _____ Individual/Group/Organization: _____

Number of persons expected: _____ Event: _____

Event Date(s): _____

Event Time(s): Beginning time: _____ Ending Time: _____

(Be sure to include enough time for set-up and tear-down time if needed. The building will be opened 15 minutes prior to the scheduled start time and closed/locked-up 15 minutes after the scheduled closing time. Time needed beyond the scheduled time will be billed to the "responsible party" at a rate of \$10 per 15 minutes.)

Name of "Responsible Party": _____

Home Phone #: _____ Work Phone #: _____

Fax #: _____ Cell Phone #: _____

Email address: _____

Facilities Requested:

☐ Gymnasium

☐ Classroom

Special Equipment Requested: (Please specify type and amount needed)

☐ Chairs (#: _____)

☐ Other: _____

(*No Physical Education/Recess equipment may be used by outside parties. Please bring your own balls, etc.)

Special Instructions:

☐ Adequate adult leadership and supervision must be provided for all groups using The Salvation Army Facilities.

☐ The Salvation Army is not responsible for lost or stolen items, or personal injury

resulting from involvement in activities run by outside groups using The Salvation Army's facilities.

- ☐ The undersigned shall be responsible for any loss or damage to property or equipment belonging to The Salvation Army, while the facility is in use by the agreed individual, group or organization.

This usage agreement may be VOIDED by the undersigned or The Salvation Army under the following circumstances:

- ☐ Subletting the gym for any league useage. (No subletting allowed)
- ☐ The undersigned no longer wishes to use The Salvation Army facility for the agreed group or organization.
- ☐ Failure to make payment of fees outlined for the use of facilities.
- ☐ Repeated failure to arrive for agreed times of use without previous notice to the Office Manager.
- ☐ Meeting without adequate adult leadership and supervision.
- ☐ Repeated arguments, fighting or undue conflict among members or any group using The Salvation Army facilities.
- ☐ Failure by any group members to follow rules or the reasonable instructions of the Gym Coordinator or Commanding Officer.

Acknowledgment:

- ☐ I/We agree to the Building Use Guidelines established by The Salvation Army.
- ☐ I/We assume all risks and dangers inherent in the use of these facilities, accepting them in "as is" condition.
- ☐ I/We agree to use my/our best judgment in the use of these facilities and to follow generally accepted safety principles.
- ☐ I/We waive and release The Salvation Army from any claim for personal injury, property damage that may arise from my/our use of these facilities.
- ☐ I/We will not allow food and beverages in the gym (except bottled water) and any food being sold will be kept in the lobby area.

Signature: _____ Date: _____

(Responsible Party requesting use of Building)

Authorized Approval: _____ Date: _____

(Corps Officer or Office Manager)

Equipment Use Approval: _____ Date: _____

Usage Fee: \$ _____ Date Paid: _____

Reservations & Damage Deposit Fee: **\$60.00** Date Paid: _____

Check #: _____ or Cash received: _____

Person receiving payment: _____

(Signature)