**FACILITIES USE FORM**

Wilmot Community Association

64 Village Road | P.O. Box 23 | Wilmot, NH 03287

603-526-7934 | wca@wilmotwca.org | www.wilmotwca.org

Date Submitted

Name/Group/Organization

🞎 WCA Member 🞎 Nonprofit

Name Primary Phone #

Name Primary Phone #

Email

Event Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe activity No. of participants

|  |
| --- |
| Set up start time: |
| Event start time: |
| Event end time: |
| Clean up end time: |
| Total time: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Facility Use Rates** | **WCA Members and/or**  **Nonprofit 501(c)(3)** | **Non-member** |
| 🞎 | Function Room only | $25 per hour | $35 per hour |
| 🞎 | Function Room and Kitchen | $35 per hour | $45 per hour |
| 🞎 | Timmy Patten Park\* | $25 per hour | $35 per hour |
|  | **ADD ONS (add these to your Function Hall rate total)** | | |
| 🞎 | Projector & screen | $25 flat rate | $35 flat rate |
| 🞎 | Custodial Services  (2-hour minimum) | $25 per hour | $35 per hour |

\* does not include exclusive use of the park

**NOTE**: A $60 refundable cleaning and damages deposit is required and will be refunded if facility is left in its original condition (trash removed, floor swept, tables and chairs put way, and dishes washed and put away).

**INSURANCE COVERAGE**

The facility user assumes full financial liability and responsibility for damage and/or loss of WCA property, and for any accident, injury, loss, or damage to property incurred as a result of the facility use. This liability includes legal fees.

**Business, organization, and nonprofit** facility users must submit proof of liability coverage showing a minimum liability limit of $1,000,000 and $2,000,000 general aggregate. The Wilmot Community Association must be named as an additional insured for general and liquor liability.

**Individuals and family** facility users must submit proof of a minimum homeowner’s comprehensive personal liability coverage limit of $500,000. All third parties (caterers, performers, etc.) are required to carry liability insurance and workers’ compensation insurance as applicable. The user must provide proof of coverage.

## **Wilmot community Association Release and indemnification:**

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to indemnify and hold harmless the Wilmot Community Association (WCA), its members, officers, board members and employees from and against any and all losses, claims, damages, injuries, liabilities, actions, costs or expenses, joint and several to which the WCA may become subject (including any legal or other expenses reasonably incurred by it in connection with investigating any claim against it and any amounts paid in settlement or compromise) insofar as such losses, claims, damages, injuries, liabilities, actions, costs or expenses arise in connection with or are based upon (i) the negligence, recklessness or intentional conduct of user or user's guests, attendees, or other persons during the above agreed usage times; (ii) breach of any agreement of user hereunder; or (iii) failure of user or user's guests, attendees, or other persons to comply with the WCA’s Facilities Use Policy. I/we also understand and agree that the WCA’s Staff and Board of Directors has sole discretion in determining use of the above facilities and that I/we have read and will abide by the WCA’s Facilities Use Policy.

By signing this document, I further certify that I have read and agree to abide by the WCA Facilities Use Policy.

Authorized signature Date

Mailing Address

**Total cost of rental** $

$60 refundable cleaning security is due with application, payable in a **separate** check.

50% deposit due with application $ \_\_\_\_\_\_\_\_\_

Balance due no later than 14 days before the date of event $ \_\_\_\_\_\_\_\_\_\_

**NOTE:** Payment in full required if event is booked less than two weeks in advance.

🞎 Special requirements attached. 🞎 Alcohol will be served. 🞎 Food will be served. 🞎 Insurance coverage attached.

*Note: If user cancels 60 or more days prior to the event: the deposit will be refunded in full. 15 to 59 days prior to the event: 50 percent of the deposit will be refunded. Within 14 days of the event: no refund.*

*The WCA reserves the right to cancel a function at any time, even if it is in progress, if the terms of the Facility User Agreement are violated by the user or his/her guests. This may be done at the sole discretion of the WCA’s staff and/or Board of Directors. The decision shall be binding and final. In such cases, the WCA shall retain all payments and shall not be liable for any charges or forfeited deposits.*

WCA Use Only

Date approved WCA Authorizing Agent

$60 Cleaning Deposit \_\_\_\_\_\_\_\_\_ Ck. # Date Received

50% Deposit $ Ck. # Date Received

Balance Due $ Ck. # Date Received

\_\_\_\_\_\_\_ added to online calendar