**SPRINGVALE TOWNSHIP HALL USE AGREEMENT**

**Springvale Township Resident Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resident Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Hall Reserved**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Township Board has selected Dawn DeRue (231)330-5601 to be the person charge with Township Hall inspections. The user is responsible for CLEAN UP of the hall and notifying Dawn DeRue prior to leaving the hall. If there is a problem with the condition of the hall Dawn DeRue will contact you to make arrangements to correct the problem. If additional cleaning and/or repairs are required the user will be billed for additional costs.

By signing and dating below I attest that I am a resident/property owner of Springvale Township and that I have read and agree with the terms and conditions for the use of the Springvale Township Hall.

Signature and Date of Resident Reserving Hall:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Payment method: Money Order Cash Check#\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit Check#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Date of Township Board Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

KEY#\_\_\_\_\_\_\_\_\_\_ Date Key Returned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hall Condition: Satisfactory\_\_\_\_\_\_\_\_\_\_ Unsatisfactory\_\_\_\_\_\_\_\_\_\_

Cleaning and/or Repair Cost: YES\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_

Signature of Township Board Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Cleaning and/or Repair Cost: $\_\_\_\_\_\_\_\_\_\_

Cleaning and/or Repair Cost Recovered: $\_\_\_\_\_\_\_\_\_\_

Method of Cost Recovery: Check#\_\_\_\_\_\_\_\_\_\_ Cash Amount$\_\_\_\_\_\_\_\_\_\_

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Name of Group/Individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Use/Activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person in Charge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration for the use of Springvale Township Hall ($50.00) will be charged. An additional ($50.00) deposit will be required and returned after activity is completed.

ALL RULES AND REGULATIONS are to be adhered to as outlined:

NO SMOKING is allowed in the building.

NO ALCHOLIC BEVERAGES are to be served,sold or consumed on Springvale Township Hall or property.

NO RETAIL SALES to be conducted from the Springvale Township Hall or Property.

The building must remain in the same condition of cleanliness and repair in order to avoid additional cost.

THE HALL MAY BE DECORATED WITH THE FOLLOWING STIPULATIONS:

1. DO NOT Tape items to walls, light fixtures, ceilings, doors, or windows.
2. DO NOT USE THUMB TACKS
3. All decorations MUST be removed the same day the hall is used.
4. DO NOT attach anything to mailbox or drop box.
5. No Equipment, tables, or chairs shall be removed from the Township Hall

The following checklist must be completed by the user:

\_\_\_\_\_\_Chairs and tables cleaned and replaced in their original locations

\_\_\_\_\_\_Kitchen and Bathrooms cleaned

\_\_\_\_\_\_Floors swept, mopped, and vacuumed

\_\_\_\_\_\_All trash and personal belongings removed

\_\_\_\_\_\_Lights turned off and heat turned down to 65 degrees

\_\_\_\_\_\_Window blinds open, windows and doors closed and locked

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 INDEMNIFICATION AGREEMENT:

I, (USER)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to defend, indemnify and hold harmless the Springvale Township from any claim, demand, suit, loss, cost of experience, or any damage which may be asserted, claimed or recovered against or from Springvale Township by reason of damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense if caused in whole or in part by the negligence of the (USER)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Springvale Township, or by third parties, or by agents, servants, employees or factors of any of them.

USER SIGNATURE AND DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS SIGNATURE AND DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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