

TOWN OF CARBONDALE RECREATION & COMMUNITY CENTER
ACTIVITY ROOM RENTAL FORM
NON-PROFIT, YOUTH, SENIOR, AND GOVERNMENT ORGANIZATIONS
PUBLIC EVENT

567 COLORADO AVE, CARBONDALE, CO 81623
970-510-1292

This agreement covers leasing of the Carbondale Recreation & Community Center’s Activity Room, with the Town of Carbondale as the Lessor, and the signate of the form as the Lessee.

1. Estimated Number of people attending the event: _____

2. For the following purpose: _____

3. The lease term shall be for:

| DAY(S) | DATE(S) | TIME(S) |
|--------|---------|---------|
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| | | |
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| | | |

4. The Lessee agrees to pay Lessor the total rental fee upon the execution of this agreement. All agreements and payments must be completed 24 hours prior to the rental.
5. Insurance is required naming Town of Carbondale as an “Additional Insured” on a Certificate of Insurance Liability amount: 1,000,000 per occurrence \$2,000,000 annual aggregate & property damage amount. Proof of insurance is required upon signing of the rental agreement.
6. Cancellations made 24 hours prior to the event will be refunded the full rental fee amount paid. Cancellations made within 24 hours of the rental forfeit the full rental fee paid.
7. It is understood and agreed that this agreement does not permit the serving and consumption of alcoholic beverages on the premises with this Activity Room only use agreement.
8. Lessee agrees to be responsible for the placement of any tables and chairs.
9. Lessee agrees to sweep, vacuum, and clean the floors, place tables and chairs that were used in storage racks and put in storage areas. Cleaning shall include removal of any carpet stains, and remove all items brought in, include removal of any trash or recyclable bottles to the trash cans and recycle bins.
10. Lessee agrees to pay a \$100 damage deposit for all cleaning costs (\$40 per cleaning hour) or cost, repair, or replacement of any damaged items or property. The deposit is due on the payment due date. A refund check for any non-used portion of the damage deposit will be mailed to the lessee at the address listed on this form and received 15-30 days after the event date.
11. Lessee agrees to abide by the times established here and understands their rental may be adjacent to opening or closing of the facility, or other uses of the space and will promptly and efficiently clean up and exit when necessary to accommodate the facility closing or other user groups.

| ACTIVITY ROOM FEE | | | | |
|-------------------|----------|-----------------|---------------------|----------|
| Amenity | Per Hour | Number of hours | Day Rate (6+ Hours) | Subtotal |
| ACTIVITY ROOM | \$31 | | \$154 | |

Damage Deposit Due: \$100

Payment Due Date: _____

Total Due: _____

I have read, understand, and agree to abide by all terms and conditions of this lease agreement executed this date of _____, 2024.

LESSEES NAME (PRINT)

LESSEES SIGNATURE

MAILING ADDRESS: _____

PHONE: _____

E-Mail: _____

For Office Use only:

| |
|--|
| Payment Date _____ _____ Climbing Wall was left clean and undamaged. _____ Equipment such as belay devices, harnesses and shoes were returned undamaged. _____ Cleaning charges were assessed at \$40.00 per hour. Damages were assessed as explained. \$ _____ Retained \$ _____ Returned Date: _____ Staff Signature _____ |
|--|

Description of Damages:

Description/Purpose for Additional Cleaning: