

LIABILITY AGREEMENT FOR USE OF LAGRANGE TOWNSHIP COMPLEX

I, the undersigned, understand that the LaGrange Township Complex will be reserved for use by LaGrange Township residents at a reduced charge, but only under the following conditions which I agree to observe.

 Please read and initial the following 8 items:

 1. No alcohol is allowed on the premises.

 2. No commercial fundraising is permitted; however, nonprofit groups are excluded from this restriction.

 3. The Complex must be vacated by midnight on the date reserved by the undersigned. Please lock all doors and EXIT via the East door.

 4. The reserving individual is responsible for normal cleanup procedures: tables/chairs put away, floor vacuumed and mopped, if necessary, and all trash to be removed from the LaGrange Township property. Please check bathrooms for cleanliness.

 5. There is to be no food or drink left behind.

 6. The undersigned agrees to pay for any damage to the building and/or Township property and also agrees to pay replacement costs for any missing items. In addition, the undersigned individual agrees to pay a \$20/hr. cleanup cost if the Complex and/or Township property is left in unsatisfactory condition.

 7. Individuals causing harm to Township property or leaving it in unsatisfactory condition may be denied use of the facilities in the future, at the discretion of the LaGrange Township Trustees.

 8. The undersigned understands and hereby acknowledges that the Board of Trustees of LaGrange Township shall not be responsible or liable for personal injury or property damage occurring to persons or their guests and invitees, while using the Township Complex for their own personal matters, or for matters unrelated to the business of the Board of Trustees.

The undersigned releases and discharges the Board of Trustees from any liability, claims, demands, injuries, damages, actions or causes of action that might occur arising from the use of the Township premises.

DATE RESERVED _____ TIME _____ GROUP _____

TYPE OF FUNCTION _____ (SIGNATURE) _____

PERSON RESPONSIBLE _____

ADDRESS _____

PHONE _____