



**SPRING LAKE IMPROVEMENT DISTRICT
COMMUNITY CENTER RENTAL AGREEMENT**

This agreement grants _____ use of the Community Center for
_____ (type of event) on _____ (day/date of event).

Hours Requested: From _____ am / pm To _____ am / pm Estimated Attendance: _____
(NOTE: Maximum Capacity 70)

Address _____ City _____ State _____ Zip _____

Telephone Number: _____ E-mail Address: _____

Check One: Alcohol WILL WILL NOT be served.

RENTAL RATE

PAYMENT INFORMATION

\$50 Weekday

\$50 Weekday Evening

\$100 Weekend

\$50 per day for multi-day

Balance Due: \$ _____

Amt/Date Paid: \$ _____ (Date __/__/__)

Deposit Return: \$ _____ (Date __/__/__)

\$100 Deposit required (deposit will be returned if is left in same condition as you arrived)

Before event, pick up key at the District Office during regular working hours. (\$25 charge for a lost key.)

Use of the facility is solely for the function of the signed renter below. No one in your group should allow access to the facility to anyone other than those in your party or extend the agreement to any other individual or group. This Agreement is subject to the terms and conditions outlined on the policy sheet which renter acknowledges has been read and agreed to.

HOLD HARMLESS/INDEMNIFICATION AGREEMENT

In consideration for the use of the Spring Lake Improvement District Community Center, 209 Spring Lake Boulevard, Sebring, Florida 33876, for the purpose of holding a social function, meeting or other similar activity (to include the decorating and setting up for said occasion, if applicable), I, _____ do hereby agree to indemnify and hold harmless Spring Lake Improvement District, owner of the Community Center, from any claim arising out of any injury to any person on the premises and damage to any property occurring on the premises during the time of such use caused by the person executing this agreement, or any guests or invitees of said person.

This agreement shall be in effect on the following date(s): _____

Signature of User

Printed Name of User

Authorized signature of Spring Lake representative: _____ Date: _____

Office Use Only

Key _____ Date Issued _____ By: _____

Key Returned _____ SLID Employee _____ Date: _____