

PUBLIC FACILITIES USE POLICY

Name of person, group or organization responsible for this event: _____

Date : _____ Time (include set-up): _____ to _____ Estimated number ? : _____

What space are you requesting? (circle): Rec Room & Gym Gym only Rec Room only

RENTAL FEES

\$25 / hour for gymnasium x _____ hours = \$ _____

\$35 / hour for rec. room x _____ hours = \$ _____

\$55 / hour for both x _____ hours = \$ _____

Is additional staff fee needed? _____

If **yes** the fee is \$15 / hour x _____ hours = \$ _____

TOTAL DUE: \$ _____

Form of payment

Check Amount: \$ _____

Check #: _____

Cash Amount: _____

Please make check to:
Town of Gray

Proof of insurance (homeowners or business) is required. Please attach a copy.

Comments: _____

I, _____ have read the Facilities Use Policy and understand my obligations and responsibilities.

Signature of applicant: _____ Date: _____

Address of applicant: _____ Town: _____ Zip: _____

Home tele #: _____ Work tele #: _____ (or) Cell phone # _____

Signature of Gray Recreation Staff: _____ Date: _____

Liability Waiver & Medical Release: I _____ hereby release the Town of Gray, it's employees, agents, officers and volunteers from any liability claims, demands or suits for property damage, personal injury or death, which could arise out of the course of participating in this program. I understand that this activity involves physical exercise and perhaps a health risk and I will release the Town from any claims

Signature: _____ Date: _____