

Application for Meeting Rooms Rental

| Name of Department/Group/Organization: | | |
|---|--|--|
| Please select the appropriate classification: | | |
| County or State Government Non-Profit (Not in Pinehurst) | | t (Office in Pinehurst) oup or Individual |
| Name of Primary Contact: | | |
| Mailing Address: | | |
| Physical Address: | | |
| Telephone (Home): | (Work/Cell) |): |
| Email Address: | | |
| Room Requested: | | |
| Assembly Hall Council Conference Room Other Village Hall Conference Rooms | Assembly Hall Lobby Fire Station 91 Training Room | |
| Requested Date(s) of Reservation: | | |
| Setup Event Cleanup/Breakdown | Start Time | End Time |
| Approximate Number of Attendees: | | |
| Are you planning to serve refreshments? | Yes | No |
| Please detail the purpose of use: | | |



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RENTAL RATES (For First 3 Hours)

| | Deposit | Deposit | Resident | Non-Resident |
|--------------------------------------|-----------|--------------|------------|--------------|
| | (with AV) | (without AV) | Hr. Rental | Hr. Rental |
| Council and Regular Conference Rooms | \$200 | \$100 | \$25 | \$50 |
| Assembly Hall/AH Lobby | \$200 | \$100 | \$50 | \$100 |
| Fire Station 91 Training Room | \$200 | \$100 | \$50 | \$100 |
| AV Assistance Fee | | | \$50/Hour | \$50/Hour |

- Rental fees for residents and non-residents for any room is \$25/hour past three (3) hours.
- The deposit is refundable if all requirements are completed on the deposit return checklist. If approved, would you like for your deposit to be automatically refunded or held for a future meeting reservation?
- A fee will be charged for checks returned by the bank for non-sufficient funds and the fee charged will be according to the Fees and Charges Schedule in effect at the time the check is returned by the bank.

Yes, please refund automatically.

No, keep the deposit for future meeting.

As policy, if the Village of Pinehurst requires the use of the Assembly Hall or a conference room during a time of a conflicting reservation, notice will be given to the conflicting reservation and action taken to find an alternative location. If no other location is suitable for the conflicting reservation, all deposits and rental payments will be fully refunded.

INSURANCE REQUIREMENTS

All applications require the completion of a **Release and Indemnity Agreement for Facility Use** (pg.4) which states that the applicant agrees to procure and keep in full force at its expenses, Commercial Liability Insurance in an amount not less than \$1,000,000 per occurrence. If applicant is renting as an individual, the commercial liability insurance is not required. It is understood that the individual's homeowners policy may apply. Please consult with your insurance agent or carrier. If the individual renter has an organization, commercial entity or other recognized entity providing any assistance or services then that entity or organization is required to carry commercial general liability insurance with the specified limits and is required to provide the Village of Pinehurst with a certificate of insurance.

In the event that alcohol will be served, a **Release and Indemnity Agreement for Alcohol Use** (pg.5) must be completed. This agreement states that the applicant is required to obtain alcohol liability insurance in the amount of \$1,000,000 per occurrence for the duration of the event.



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IT/AV REQUEST FORM

| Do you plan to use any audio/visual eq | quipment? | Yes | No | |
|---|--|---|--|--|
| IF YES: A pre-meeting training s prior to utilizing the audio/visual securely stored. To gain access to Barbara Thompson at 295-8655. | equipment for the | first time. | All audio eq | uipment is now being |
| Please select any equipment needed: | Yes | | No | Total Number Requested |
| Tabletop Microphones (7 max.) | | | | _ |
| Handheld Microphones (3 max.) | | | | |
| Laptop & Projector | | | | |
| Projector only | | | | |
| Hearing Impaired Device (2 max.) | | | | |
| Apple TV | | | | |
| class instructors, participants, or renters of I hereby certify that I am the authorized statements in this application are true to the Village Meeting Rooms Policy; and the schedule governing the use of the facility. For meetings being held during regular your participants that parking IS NOT | and responsible rephe best of my know hat our group will | presentative rledge; that I comply with | of the petiti have receiven the regulate m – 5:00 pr | oning group; that the ed and read a copy of ions, policies and fee |
| parking is across the street from the V Village Hall. | | | | |
| Signed: | | Date | : | |
| | Paid Paid sentative) | | | |
| Ad | dministration Depai | rtment | | |



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RELEASE AND INDEMNITY AGREEMENT FOR FACILITY USE

(Revised 12/23/09)

WHEREAS, the undersigned has requested the use of equipment and/or facilities owned or operated by the Village of Pinehurst, North Carolina, and do engage in activities for the exclusive benefit of the undersigned.

| the undersigned does hereby for himself/h | ne mutual promises or other good and valuable consideration, nerself, his/her heirs, executor, employers, successors, of nistrators, and personal representatives, I/We/The (name of official), |
|--|--|
| occupancy of the Premises and the applicant as suits, demands, actions, and the cost and ex property damage or personal injury occurring a further specifically agrees that it will procure Insurance in an amount not less than \$1,000,000 shall show Village as an additional insured. Applicant of the procure | grees to save the Village harmless from and against all claims, spense thereof, including attorneys fees, arising out of any as a result of applicant's use of the Premises. *The applicant and keep in full force at its expenses, Commercial Liability 200.00 per occurrence, which policy or policies of insurance applicant will cause a certificate of insurance to be furnished to olicy shall provide that said insurance may not be cancelled (30) days prior to any cancellation. |
| I/We/The (name of renter/event manager/org | ganization /company official), hereby declare that the terms of this Release and Indemnity |
| Agreement have been fully read and understoo | d by me, and freely and voluntarily entered into and accepted read and understand this agreement. This agreement shall be |
| Print Name | |
| Signature | Date |

*If applicant is renting as an individual, the commercial liability insurance is not required. It is understood that the individual's homeowners policy may apply. Please consult with your insurance agent or carrier. This statement does not act as a waiver of any of the other conditions of paragraph 3 cited above. If the individual renter has an organization, commercial entity or other recognized entity providing any assistance or services then that entity or organization is required to carry commercial general liability insurance with the specified limits and is required to provide the Village of Pinehurst with a certificate of insurance as noted above.





RELEASE AND INDEMNITY AGREEMENT FOR ALCOHOL USE (If Applicable)

WHEREAS, the undersigned has requested the use of services, equipment, facilities belonging to or under the auspices of the Village of Pinehurst, North Carolina, and do engage in activities for the exclusive benefit of the undersigned; and it is expressly agreed and understood that this RELEASE AND INDEMNITY Agreement shall apply for the express purpose of precluding forever all claims, suits, demands, damages, and causes of action that I or my heirs, next of kin, executors, administrators, estate, agents and assigns and representatives of any nature whatsoever might otherwise assert against any of the aforesaid mentioned parties as a result of my use of the Assembly Hall.

NOW, THEREFORE, In consideration of the mutual promises or other good and valuable consideration, the undersigned does hereby for him/herself, his heirs, executor, employers, successors of him/herself or of his employees, administrators, and personal representatives, I understand and agree to the following:

| 1. | I, | _(name | of | renter/event | manager) | assume | full |
|----|--|-----------|--------|---------------|---------------|------------|-------|
| | responsibility for my death or injuries, | both to | o my | person and | to my prop | perty, who | ether |
| | foreseeable or not, which may occur direct a result of the use of the Assembly Hall. | tly or in | direct | ly or develop | at any time i | n the futu | re as |
| 2. | I, | consum | ning a | lcohol or not | during the r | | |
| 3. | If granted permission to have alcohol at th | e event, | we w | vill consume_ | | | |
| | Alcoholic Regulations as set out by the Vil | , | | _ | | • | |
| | • | _ | | | | | |

- 4. I further guarantee that the above said alcohol, beer or wine, will only be consumed by those persons of legal age to consume alcohol as defined by the law of the State of North Carolina. Alcohol consumption will occur only in previously agreed upon areas designated by the Village of Pinehurst Parks and Recreation Department.
- 5. I do hereby fully and forever release, discharge and hold harmless the Village of Pinehurst, its agents, elected and appointed officials and employees from any and all claims, suits, demands, damages and causes of action, present or future, foreseeable or unforeseeable resulting from or arising out of the above described activity or rental by the renter or by any third parties.
- 6. I do further agree to indemnify the Village of Pinehurst for any costs, damages, losses penalties, settlement costs, charges, professional fees or other expenses or liabilities of every kind incurred as a result of any personal injury or property damage resulting from or arising out of the above described activity, rental, such costs to include reasonable attorney's fees.

Administration Department



Application for Meeting Rooms Rental

| | mits of alcohol liability insurance in the amount of a of the event. The Village of Pinehurst must be listed ertificate of insurance prior to the event. |
|--|---|
| Agreement have been fully read and understood by m | are that the terms of this Release and Indemnity se, and freely and voluntarily entered into and accepted f this agreement. This agreement shall be in full force |
| Responsible Party | Date |



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DEPOSIT RETURN CHECKLIST

(To be Completed by Village Representative)

| Name of Department/Group/Organization: | | | | |
|---|-----------------------------------|---------------------------|--|--|
| Name of Primary Contact: | | | | |
| Date(s) of Use: | | | | |
| Time In: | | | | |
| Time Out: | | | | |
| Please complete the following: | | Village Rep. Initials: | | |
| All trash was removed from the building, grounds, an garbage cans outside of Assembly Hall. | d parking areas and placed in the | | | |
| Restrooms were left clean (sinks, pick up paper, flush | all toilets) | | | |
| Furniture was returned to original place. | | | | |
| Spots and stains on walls, floors, and tables were clear | ned. | | | |
| All lights were turned off, doors were locked, and keys were returned (if applicable) | | | | |
| Comments: | | | | |
| Village of Pinehurst Representative (signature): | | | | |
| | Date: | | | |
| | | | | |
| For Official Use Only: | | | | |
| Refund Deposit: Amount \$ Date of Refund Check Request | | | | |
| Approval Initials: (Village Representative) | | | | |