Darien Park District

7301 Fairview Avenue • Darien, IL 60561
Tel: 630-968-6400 • www.darienparks.com

Room Rental Agreement

Name (Personal or Group): _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person's Name: _____ Cell Phone: _____

Email: _____

Purpose of Rental: _____ Number of People: _____

- **All Rooms will be opened at time of rental - not earlier, and all parties must exit by end of rental time or late exit fee will be charged.**

◯ **Resident**
◯ **Non-Resident**
◯ **Business**

☐ **Gym Rental**
☐ **Room Requested:** _____ ☐ Full ☐ Half (if available)
☐ **Media Rental (TV/DVD) - $25**

Date: _____ **Day:** _____ **Time:** _____

Room Rental Rate: $ _____ Total Hours: _____

Total Amount: $_____

Payment Information (Make Checks Payable to the Darien Park District)

Cash: $_____ Check#: _____

This section must be filled out if you are using **VISA, MASTER CARD or DISCOVER**

Cardholder's Name: _____

CC#: _____ Exp Date: _____

Authorized Signature:_____

********** OFFICE USE ONLY BELOW **********

Booking Deposit Paid: $_____ Staff Initials: _____

Balance Due: $_____

Balance Paid: $_____ Date: _____

Total Paid: $_____ Staff Initials: _____

Damage/Late Exit Fee

- A credit card number is required when renting a room.
- $150 damage/late exit fee for al rentals will be charged if damage occurs to property or rental stays past end time.

The ONLY acceptable payment method is a credit card. If rules are broken/damage caused, credit card will be charged.

Cardholder's Name: _____

CC#: _____

Expiration Date: _____

Authorized Signature:_____

Charged Date: _____

Staff Initials: _____

Cancellations:

1. Fee of $25 applies if rental cancelled more than 14 days before rental.
2. No cancellations allowed 48 hrs prior to rental.
3. Fee of 50% of rental applies if rental cancelled within 14 days of rental.
4. Transfer of dates may be allowed on a case by case basis.

Date Cancelled: _____

Fee Assessed: _____

Staff Initials: _____

Please Indicate Choices and Draw on Diagram

- ☐ Meeting Style (Head Table and Tables with Chairs)
- ☐ Class Room Style (Head Table and Chairs)
- ☐ Other Styles/Requests (Room diagram on reverse side)
- ☐ TV/DVD - $25

Number of Tables: _____

Number of Chairs: _____

Room Set-up Diagram

1. Please provide a detailed diagram of desired set-up below including number of tables and chairs.
2. Use an "X" for chairs and a ☐ for tables.
3. Table sizes: 6 ft.
4. 6 chairs fit at each table

Room Sample

Door

Violation of Any of The Following Rules May Result In Termination of Rental and/or Damage/Late Exit Deposit

Recitals

A. As used in this Agreement, "District" includes its officers, officials, agents, employees, and volunteers.
B. As used in this Agreement, "premises" and "facilities: includes all leased facilities and common areas, including but not limited to parking facilities, restrooms, walkway, hallways.

NOW, THEREFORE, in consideration of the recitals and representations herein set forth, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

1. The Lessee(s) shall not enter, occupy or use this listed facility(ies) until the time(s) and date(s) specified on agreement without prior approval.

2. The Lessee(s) shall vacate the facility(ies) at the time(s) and date(s) indicated on agreement or forfeit damage/Late Exit deposit.

3. **The Lessee(s) shall remit the full balance due for the rental of said facility(ies) 72 hours prior to party. If not paid, rental will be forfeited. If event booked within 7 day period, the balance due at time of booking.**

4. That (I)(We), will be responsible for and will pay for any damage to District property arising out of the use of the said facility(ies) pursuant to this Agreement.

5. That the District does not assume any liability for property lost or stolen on the District premises, or for personal injuries on the premises during Lessee(s) use of the premises and Lessee(s) hereby agree to assume the full risk of any injuries, damages or loss, regardless of severity, that Lessee(s) may sustain as a result of this Agreement. Lessee(s) further agrees to waive and release the District form any and all losses, claims, suits or damages that Lessee(s) might sustain as a result of any and all activities connected with or associated with this Agreement.

6. Smoking and gambling in the building are prohibited.

7. One chaperone over the age of 21 years must be provided for every ten minors. **All minors must be supervised outside of room (including lobby).**

8. **Outside food is NOT allowed.**

9. That no District equipment or property shall be removed from the premises.

10. **No beer, liquor or any alcoholic beverages shall be brought or consumed upon the premises or be in the possession of any member of the party. It is agreed that violation of this provision shall result in automatic revocation of all rights hereunder and the forfeiture of all fees. The foregoing shall not be interpreted as limited or revoking any rights of the District under this Agreement.**

11. The District will set up the room/facility (chairs and tables) for my/our function. The District will take down the room/facility after my/our function. **(I) (We), agree on clean tables, chairs and restore the facility to its prior condition or the room should be left in equal or better condition than it was found. If not, the District reserves the rights to retain from the damage deposit the amount of costs incurred by District. Any additional costs will be billed.** See Attachment A -To Avoid Damage/Late Exit Deposit Forfeiture To Do List).

12. Lessee(s) shall be responsible for inspecting the facility subject to this Agreement prior to each use and shall be responsible for bringing to the District attention any potential dangers, safety hazards or problems.

13. Lessee(s) is solely responsible for providing any and all supervision of lessees guests and invitees at all times during Lessee(s) use any facility, including but not limited to the leased facility, and all common areas. Further, Lessee(s) shall be responsible for ensuring that Lessee(s) guests and invitees comply with all applicable rules and regulations pertaining to use of District facilities.

14. Lessee(s) shall not permit any area to be used for any disorderly or unlawful purposes during the period of this Agreement.

15. That this agreement for lease of the District facility(ies) will not be entered into by the District unless said Agreement is signed and delivered to the Office of the District at the above address with appropriate deposits and fee.

16. If this Agreement is canceled by the District, Lessee(s) will not be required to pay the fee hereinbefore designed. The non-refundable booking deposit will be forfeited in all other circumstances whether or not the premises are used by Lessee(s).

17. It is fully understand and agreed by the parties that the Lessee(s) guarantees to defend, indemnify and hold harmless the District, its officers, employees, volunteers, and agents against any and all liabilities, claims, damages, losses, costs and expenses (including reasonable attorneys' fee) arising indirectly or directly in connection with or under, or as a result of this Agreement.

18. Lessee(s) shall comply with any and all applicable ordinances and permit procedures.

19. This Agreement may not be assigned by Lessee(s) without the District's prior written consent.

20. This Agreement represents the entire understanding between the parties. This Agreement may be modified or altered only by further agreement in writing between the parties.

21. Interpretation of this Agreement shall be governed by the laws of the State of Illinois.

Attachment A

To Avoid Damage/Late Exit Deposit Forfeiture, Keep the room in acceptable condition and follow all rules listed beforehand and including:

1. Clean the room by moving everything off the tables into the trash/garbage cans.
2. Move all decorations off the ceiling, walls. tables and chairs.
3. Exit the room at the end of the rental time.

I have read and fully understand the above information and agree with all of the rules listed above.

***SIGNATURE MUST BE THAT OF CONTACT PERSON FROM PAGE 1**

Date: _____

Name: _____

Signature: _____

Home Phone#: _____

Cell Phone#:_____