



CITY OF FORT MORGAN RECREATION CENTER (Armory) Rental Application



Today's Date: _____

Name: _____

Address: _____

City State Zip

Email Address: _____

Phone: h) _____ w) _____ cell) _____

Organization: _____

Type of Event: _____

Date of Event: _____

Time of Event: Start: _____ AM / PM Finish: _____ AM / PM
(Includes set-up) (Includes tear-down/clean-up)

Number of People Expected: _____

Number of tables needed: _____ Number of chairs needed: _____

Indoor Facility Requested:

	<u>Fee</u>
Recreation Center – Main Floor Gym – 4 Hours	\$150.00
Recreation Center – Main Floor Gym – Each additional hour	\$ 50.00
Recreation Center – set-up/tear-down masts/tables/chairs	\$ 50.00

Damage Deposit – per rental \$100.00

****Form and payment must be returned to the Recreation Department located at the Recreation Center (Armory), 528 State Street. The renter will provide payment for the facility including a separate check or money order for the damage deposit. The City of Fort Morgan will provide trash containers and trash bags. The renter is responsible for doing a complete cosmetic clean-up of the facility and depositing all trash in the receptacles and bags provided.***

With submittal of this application, the Applicant agrees to indemnify and hold harmless the City of Fort Morgan, its officers, agents, servants, and employees, from and against any and all claims or suits for bodily injury, illness, death, personal injury or property damage (including, without limitation, reasonable fees and expenses of attorney's, expert witnesses and other consultants) arising out of any negligent act or omission committed by the Applicant, its officers, employees, and agents, in connection with the activities conducted under this agreement. This indemnification shall specifically include any claims arising from the negligence of the City, its agents, officials, and employees. I have been given a copy of this receipt and a copy of all applicable rules governing this rental and I understand these rules are hereby incorporated by reference. I also understand nothing in this agreement is intended to waive governmental immunity.

Applicants Signature: _____

Date: _____

Office Use Only:
 Staff Initials: _____ Check#: _____ Cash: _____ Amount: _____
 Receipt given: _____ Rules given (attached to receipt): _____