



# BOROUGH OF CONSHOHOCKEN

Department of Recreation Services

## Facility Rental Application

7.13.18

**MAYOR**

Yaniv Aronson

**BOROUGH COUNCIL**

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**Type of Rental: (CIRCLE ONE)**

**Conshohocken Community Center at the Fel**

<u>Amenity</u>	<u>Hourly Rates</u>
Multi-Purpose Room	\$100/hour
Basketball Gym	\$80/hour (If renting 6 or more sessions, rental fee is \$75/hour)
Meeting Room	\$50/hour
Basketball Gym & Meeting Room	\$100/hour
Activity Space	\$60/hour
Mary Wood Park House	\$50/hour

**Rental Specifics:**

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person (if different from above): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date(s) & Time(s) of Event(s): \_\_\_\_\_

Activity/Event Description: \_\_\_\_\_

*Birthday Party, Luncheon, Baby Shower... etc.*

Overall Estimated Attendance: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Will you be selling anything? (CIRCLE ONE): **YES** **NO**

\*Please Note: All items being sold at the event must be reviewed prior to approval due to licensing and permit requirements

If YES, please specify what you intend to sell:

Will you be having any outside entertainment? (CIRCLE ONE): **YES** **NO**

\*Please Note: All renters must provide a copy of all outside entertainment's Certificate of Insurance, which verifies their coverage and names Borough as additional insured.

If YES, please specify what outside entertainment you plan to have at the event:

Please describe your set-up needs for the event (i.e. number of tables, number chairs ... etc.).

\*Please Note: All rentals have a 1-hour set-up and 30-minute clean-up period built into their rental price. Please notate below if you will need more than 1 hour for set-up.

Additional set-up times may require additional fees.

**\*INTERNAL USE ONLY\***

Deposit: YES / NO Amount: \$ \_\_\_\_\_ . \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Deposit Payment Type: CASH / CHECK / CREDIT CARD

Total Amount Due (minus deposit): \$ \_\_\_\_\_ . \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Certificate of Insurance on file: YES / NO / NOT APPLICABLE

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

### **Rental Policies and Procedures:**

1. The Conshohocken Community Center at the Fellowship House allows facility rentals **within hours of operation only**.
2. Any request for facility use outside normal hours of operation needs to be approved by the Director of Recreation Services. The department requires at least 4 weeks advanced notice and it is the discretion of the Director to approve or not approve the request. Please note that there are additional fees associated with any special request for facility usage.
3. Tables and chairs are not permitted on the gymnasium floor.
4. All arrangements for facility requests or scheduling an event should be processed through a RecDesk profile or by speaking directly to a Community Center staff member at the front desk.
5. A \$25 non-refundable deposit is required with a completed application to hold a requested date and time. Applications without a deposit will not be accepted and until a deposit is received.
6. The balance of the rental payment minus the security deposit must be paid in full five (5) business days prior to the event. **If reservations requests are received within 5 business days of the requested date, the rental payment must be paid in full with the completed application.**
7. All payments **not paid in full five (5) business days prior to the event will result in a cancellation.**
8. I understand and agree to the activity refund policy that a full refund will only be given when a program is canceled by the **Borough of Conshohocken Department of Recreation Services**. A refund request at least five (5) business days prior to the start of a program or five (5) business days prior to a scheduled park or facility rental, will receive a refund less 5%. NO REFUNDS will otherwise be given. All refunds are subject to State Board of Accounts claim procedures and may take up to thirty (30) business days to process.
9. Food and refreshments are permitted. **Alcoholic beverages are prohibited.**
10. Arrangements- any specific facility arrangements (chairs/tables/etc.) must be submitted no later than five (5) business days prior to the event in conjunction with final payment. If arrangements are not made within the designated timeframe, they become the sole responsibility of the lessee.
11. Set up time is built into reservation requests. One (1) hour is designated for both staff set up and lessee set up prior to the start of the event.
12. If a caterer is used, staff must be notified of the specific arrangements, particularly any change in entry time. Please note that changes in entry time could result in an increase in hourly cost.
13. Smoking is prohibited.
14. **Cleanup Policy-** All facilities must be left clean and orderly. All trash must be disposed of properly. Tables must be wiped down, floors must be swept, sticky spots and spills must be mopped, and the kitchen must be wiped down and swept. Failure to comply may result in additional charges for maintenance and clean up.
15. Any request to waive the appropriate fee must be submitted, in writing, to the Director of Recreation Services.
16. If there is any damage or breakage during the event, you will be responsible for the cost of any necessary repairs. This also includes any and all wall hangings and decorations that are on display.
17. Reservations are made on a first come, first served basis. Cash, checks, credit cards and money orders are accepted. **Please make all checks/money orders payable to the Borough of Conshohocken.**

### **Insurance Requirements:**

We understand all procedures associated with this request and accept the legal and financial responsibilities involved in the use of Borough facilities.

Private individuals are required to sign a waiver and release agreement, which saves, defends, keeps harmless and indemnifies the Borough of Conshohocken and its appointed and elected officials, officers, servants, agents and employees from and against any and all costs and liability, including all attorneys' fees, however, caused, resulting from or arising out of or in any way connected with Applicant's activities or use of the Fields and Borough Property.

Groups/Organizations shall have, at all times while this User Permit/License is in effect, a general liability insurance policy with minimum limits in the amount of \$1,000,000 combined single limit for each occurrence and \$1,000,000 combined single limit for general occurrence.

- a. **Provide a certificate of insurance with the Borough of Conshohocken, 400 Fayette Street, Suite 200, Conshohocken, PA 19428, named as an additional insured.**
- b. Save, defend, keep harmless and indemnify the Borough of Conshohocken and its appointed and elected officials, officers, servants, agents and employees from and against any and all costs and liability, including all attorneys' fees, however, caused, resulting from or arising out of or in any way connected with Applicant's activities or use of the Fields and Borough Property.
- c. Upon request, provide a complete roster, including names and addresses, of all members of the Applicant's organization, which Applicant shall keep current throughout the term of this User Permit/License.
- d. Comply with all rules, regulations, ordinances and laws applicable to the Fields and all Borough Property.

We understand that if the regulations governing the use of this facility are violated in any way, the permit is revoked and all fees are forfeited.

We assume all risks and hazards incidental to the activity related to its use. To the extent permitted by law, we hereby release, absolve, indemnify, defend and hold harmless the Borough of Conshohocken, the Borough of Conshohocken Department of Recreation Services and Parks, and their agents, servants and employees, from any and all liability due to any damage or injury to any person or property arising from our use of the Borough facilities.

**Waiver & Release Agreement**

**General Waiver**

As a participant or as the parent/guardian of a participant in this program or rental, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which the participant may sustain as a result of participating in any and all activities connected with or associated with such program or rental.

As a participant or as the parent/guardian of a participant in this program or rental, I do hereby fully release and discharge the **Borough of Conshohocken** and its appointed and elected officials, officers, agents, servants, and employees from and against any and all claims from injuries, including death, damage, or loss which I or the participant may have or which may accrue to me or the participant on account of my, or the participant's, participation in the program or rental.

As a participant or as the parent/guardian of a participant in this program or rental, I agree to waive and relinquish all claims I or the participant may have as a result of participating in the program or rental against the **Borough of Conshohocken** and its appointed and elected officials, officers, agents, servants, and employees.

As a participant or as the parent/guardian of a participant in this program or rental, I further agree to indemnify and hold harmless and defend the **Borough of Conshohocken** and its appointed and elected officials, officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by the participant and arising out of, connected with, or in any way associated with the activities of the program or rental.

I certify that I am in good physical health and have no limitations other than those I have listed during registration if applicable that may predispose me to risk during this program or rental.

I also grant permission to supervising, managing personnel or other **Borough of Conshohocken** representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should I, or my child, become ill or injured while participating in activities when I am unable to grant authorization for emergency treatment. I understand that such treatment shall be at my expense. This form shall be considered valid until cancelled or changed in writing by the undersigned.

**REFUND POLICY**

I understand and agree to the activity refund policy that a full refund will only be given when a program is cancelled by the **Borough of Conshohocken Department of Recreation Services**. A refund request at least five (5) business days prior to the start of a program or five (5) business days prior to a scheduled park or facility rental, will receive a refund less 5%. NO REFUNDS will otherwise be given. All refunds are subject to State Board of Accounts claim procedures and may take up to thirty (30) business days to process.

**PHOTO RELEASE**

I give permission to **Borough of Conshohocken Department of Recreation Services and the Community Center at the Fellowship House** for the free use of my likeness and that of my child or ward, in connection with any broadcast, telecast, video, photograph, print media, or other publicity.

**By signing below, I acknowledge that I have read and understand the above Waiver & Release Agreement and I fully understand that "THIS IS A RELEASE" and further agree to abide by the rules above. (Parent or Guardian acknowledgment if Participant is under 18 years old.)**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. of Recreation Services Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions, please contact the Department of Recreation Services at (610) 828-3266 or via email [RecServices@conshohockenpa.gov](mailto:RecServices@conshohockenpa.gov)**