

WILLOW PARK FACILITY AND EQUIPMENT RENTAL POLICY NO. 02-21

**APPENDIX B – EQUIPMENT RENTAL AGREEMENT** 

Name of Person/Group Booking Equipment:		
Name of Contact Person (if different):		
Phone #: Type of I	Type of Function:	
Mailing Address:		
Facility/Address where event will take place:		
Date(s) Required:		
Start Time: End Ti	me:	
Equipment	Available	Required
Chairs – metal stacking (stacks of 25 or 50)	400 total	
Tables – 96x30 (stacks of 10)	40 total	

Note: equipment fee is assessed per item but must be rented in stacks (Chairs \$1 each/day. Tables \$3 each/day)

The Renter agrees that the Village shall not be liable or responsible in any way for any personal injury or death that may be suffered or sustained by the Renter, or any agent, employee, or invitee of the Renter, or to any person that may utilize the rented equipment. The Renter further agrees to indemnify and save harmless the Village from any and all liabilities, fines, suits, claims, demands, and actions of any kind or nature which may be brought against the Village, its agents or employees, arising out of this rental agreement and that the indemnification shall survive the termination of this contract.

The Renter agrees to ensure that the rented equipment is returned in a clean condition acceptable to the Village and acknowledges that failure to do so may result in additional charges for clean-up performed by the Village.

The Renter accepts full responsibility for replacement of, or repairs to, any lost, stolen or damaged Village owned property or equipment should that loss, theft, or damage occur during the term of the rental contract.

Equipment rented may be removed from Willow Park. Renter is responsible for coordination for and any fees associated with the safe transport and return of any equipment rented within this contract.

Renter acknowledges that they have been provided with a copy of the Willow Park Facility and Equipment Rental Brochure detailing fees and cleaning procedures for the equipment they have rented.

Signature of Renter:	Date:	
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Fees Paid Receipt #: \_\_\_\_\_\_ Type of ID: \_\_\_\_\_\_

Approved by: \_\_\_\_\_