



# Community Center Use Agreement

Date(s)	# of Rooms	Time Rented	Purpose of Rental

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

### WAIVER

I, the undersigned, assume all risks and hazards incidental to participation, including transportation to and from these activities and do hereby, for myself, my child, my heir, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless the City of Sugar Hill, Sugar Hill Parks and Recreation Department and its representatives, sponsors, affiliated associations, organizers, officers, officials and participants for any and all damages suffered by myself or my child in connection with this activity. Also, I agree that I will abide by all the rules and policies outlined in the National Rules and set by the Sugar Hill Parks and Recreation Department. I, the undersigned, give permission to the Sugar Hill Parks and Recreation Department to photograph and video programs/activities and use those materials in advertising, promoting and reporting Parks and Recreation programs and activities. I, the undersigned, give permission to the Sugar Hill Parks and Recreation Department to obtain and authorize medical care for said minor child at any hospital, emergency medical center, or any other health facility: by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. The undersigned further agrees to be responsible for the expenses of any medical care needed by the minor child, and hold the staff authorizing the medical care harmless from any damages suffered by the minor child or the undersigned as a result of the medical treatment authorized.

Renter's Signature \_\_\_\_\_ Date \_\_\_\_\_

770.831.7413 Monday – Friday, 8 am – 5 pm • 770.780.2494 Plaza Security or 770.945.6716 After Hours Number • 911 Emergencies

### OFFICE USE ONLY

Signature of Sugar Hill Staff Completing Form: \_\_\_\_\_ TRANS # \_\_\_\_\_

Stipulations: \_\_\_\_\_ BAG #/DATE \_\_\_\_\_

Fees:  
 Renter Fee: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ VISA MC DSC PAID DATE: \_\_\_\_\_

Deposit Fee: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ VISA MC DSC

Name on Check: \_\_\_\_\_

Deposit Picked-up: \_\_\_\_\_ Date: \_\_\_\_\_

Cancellation signature: \_\_\_\_\_ Date: \_\_\_\_\_