



## Facility Rental Request Form and Waiver

Thank you for your interest in renting a facility within our community. This Request Form and Waiver must be completed for all facility rentals. Residents must read and agree to follow the Facility Rental Guidelines.

RENTER INFORMATION	
Full Name	
Address	
Home Phone	Alternate Phone
Email Address	

RENTAL INFORMATION		
Event Description		
Date Desired	Alternate Date	
Start Time (includes setup)	a.m.      p.m.	
End Time (includes cleanup)	a.m.      p.m.	
Expected Attendance		
Is Request For Repeated Rentals?	yes      no	
If YES, How Often?		
Will alcohol be served?	yes      no (If YES, licensed bar service and security may be required)	
If YES, Bar Service Name:		
Liquor License:		
Will a Caterer Be Used?	yes      no	
If YES, Caterer Name:		
Caterer License:		
Areas Requested (please check all that apply)		
Full Meeting Room	Meeting Room A	Leisure Pavilion
Family Pavilion (on pool deck)	Tennis Pavilion	Gymnasium



# Facility Rental Request Form and Waiver

## STATEMENT OF UNDERSTANDING AND WAIVER OF LIABILITY

I, \_\_\_\_\_ the undersigned, have read and agree to follow the Rental Usage Guidelines for reserving the Facilities. I understand and agree that any damages to the Facility will be deducted from my deposit and any damages in excess of the deposit will be charged to me. The Addison Village Club, LLC & WTS International, LLC retains the right to suspend my use privileges without reimbursement until such damages are paid.

I also understand and agree that I am solely responsible for any liability resulting from the use of the Facilities by myself and/or my guests. I hereby release, indemnify, and hold harmless the Addison Village Club, LLC & WTS International, LLC retains its employees, contractors, and affiliates, from, and against any and all claims, demands, actions, causes of actions, suits, liabilities, damages, losses and costs of any kind or nature, including attorneys fees, costs and expenses, arising from the use of the Facilities.

Renter Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

OFFICE USE ONLY			
Event Approved?	<input type="radio"/> YES	<input type="radio"/> NO	If NO, Why? _____
Payment:	Amount of Payment \$ _____	Received On _____	Received By _____
Form of Payment	<input type="radio"/> Check # _____ <input type="radio"/> Visa/Mastercard/Discover/American Express # _____ Expiration _____		
Deposit:	Amount of Deposit \$ _____	Received On _____	Received By _____
	Amount of Returned \$ _____	Returned On _____	Returned By _____
Notes	_____ _____		