

Rental Space

Multipurpose Room – 2300sq ft. Can be divided into two (2) separate rooms of 1150sq. ft. with access to small kitchen area. NOT CAPABLE FOR COOKING.

Gymnasium – 12,500 sq. ft. with access to small kitchen.

Tables and chairs on site.

\$250 deposit required 30 days in advance

\$30 for the first hour and \$10 for each additional hour for Multipurpose Room

\$75 for the first hour and \$25 for each additional hour for Gymnasium

\$100 for the first hour and \$35 for each additional hour for Gymnasium and Multipurpose Room

Space is available for meetings, reunions, birthday parties, receptions

All food preparation must be done off site and must provide own plates, utensils & cups

All rentals must end before 10:00pm

Renters must clean after use and throw all trash in large trash can

Renters must sign in and out with staff on duty and report all damages or equipment not working properly.

Rental fees are due one (1) week in advance

Deposit will be return within five (5) days unless damages or clean up is not done.

No alcoholic beverages allowed

Facility is tobacco free

Staff

Utilize Parks and Recreation Staff (4 full time)

Hire 1-2 full time

Hire 4-6 Part time

Volunteers (seniors)

Hire 4-6 Part time security

Contract with instructors and massage therapist

Waiver for Participation and Informed Consent

I have read, understood and completed this questionnaire honestly and of my own free will, under no duress. Any questions that I have were answered to my full satisfaction.

Waiver for Participation and Informed Consent: I understand that there are always risks involved in participation in recreational activities. I acknowledge these risks and declare I am (my child is) physically able to participate in the activity. I acknowledge that I have voluntarily chosen to participate in progressive physical exercise, which can benefit the musculoskeletal and cardio-respiratory systems. By signing this document, I acknowledge the possible strenuous nature of the physical activities. I also acknowledge the potential physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, or death. By signing this document, I assume all risks for my health and well being. In the event of a medical emergency, I authorize the City of Dillon Parks and Recreation Staff or its representative to obtain emergency medical treatment for me or my child (if a parent is not available). In consideration of the acceptance of this registration, I hereby for myself, my heirs, successors, executors and administrators, waive and release any and all rights and claims for damages to person or property I may have against the City of Dillon or its representatives, successors, agents, sponsors, supervisors, and instructors for any and all injuries suffered by myself or my child at any activity sponsored by the City of Dillon. I likewise release from liability any person transporting myself or my child to and from these activities. I further grant the City of Dillon the unencumbered right to make promotional use of any pictures and/or video tapes taken of me or my child while participating in the City of Dillon Parks and Recreation programs. I also agree to abide by any and all rules, regulations, policies and procedures set forth by the City of Dillon, its staff and instructors. I understand that non-adherence may result in forfeiture of my membership and suspension and or expulsion from the Wellness Center.

Print Name _____ *Signature* _____ *Date* _____

Parent or Legal Guardian Name(if participant 18under) _____ *Signature* _____ *Date* _____

Parent's or Guardian's Additional Indemnification

In consideration of _____ (print minor's name) (Minor) being permitted by the City of Dillon to participate in the Activity and to use its equipment and facilities, I agree to indemnify and hold harmless the City of Dillon from any and all claims, damages, actions, or causes of action which are brought by, or on behalf of Minor, which are in any way connected with such use or participation by Minor, and any and all claims that are derivative of Minor's participation in the Activity.

Signature of Parent/Guardian _____ *Date* _____

Printed Name _____