

APPLICATION AND PERMIT – FACILITY USE

BERLIN TOWNSHIP COMMUNITY BUILDING

Group/Organization Name _____

Contact Person _____ Phone # _____

Address _____

Purpose _____ Number in Party _____

Date(s) Requested _____ Hours of Use _____ to _____

GUIDELINES

- Berlin Township Trustees reserve the right to deny use of Berlin Township Community Building facilities to groups/organizations and individuals who fail to comply with the rules and regulations set forth.
- It is understood that the Group/Organization/Person using the above designated facility will comply with all applicable state and local laws and all rules and regulations set forth by Berlin Township Trustees. In addition, the Group/Organization/Individual will:
 - *Be responsible for all persons in the group or organization using the facility*
 - *Assume responsibility for any damage to the facility*
 - *Park only in designated areas*
 - *Not allow smoking or the consumption of alcoholic beverages*
- The following rental charges for the facility apply:
 - \$50 daily
- The building must be left in the same condition as it was prior to usage – orderly and clean.
- Building must be closed by 11:00 p.m.
- Building capacity should not exceed 60 persons.
- No tables or chairs may be removed from the building or brought into the building.

Building Coordinator: Flickinger, Fiscal Officer of Berlin Township ~ 330-893-4039

I have read and understand the above policies and requirements and agree to comply with same.

For and in consideration of the permission given to use the above described facility, I, the undersigned, acquit, discharge and covenant to hold harmless Berlin Township, its officers, employees, servants, and agents of and from any and all actions, causes of action, claims, demands for damages, costs, loss of services, expenses and compensation, on or account of, or in any way growing out of, any and all personnel injury or property damage which may result to groups/organization members or individuals as a result of participation in the aforementioned activity at the above described facility.

Date _____ Signature of Group Contact _____

Date _____ Signature of Representative _____