



JEFFERSON COUNTY FAMILY YMCA

Mountain View Commons Facility Rental Application and Use Agreement

APPLICATION DATE: _____ REQUESTED RESERVATION DATE(S): _____

APPLICANT NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY ZIP CODE

TELEPHONE NUMBER: _____
HOME WORK CELLULAR

E-MAIL: _____

ORGANIZATION REPRESENTED BY APPLICANT: _____

EVENT: _____

FACILITY REQUESTED: (circle your requested facility)

Multi-Purpose Room Maguire Meeting Room Gym Cafeteria

EVENT TIME: Time In _____ Time Out _____ ESTIMATED NUMBER OF PEOPLE ATTENDING: _____

Comments/Details: _____

INSURANCE COMPANY NAME, TELEPHONE AND POLICY NUMBER (Attach copy of policy to this application): _____

FOOD SERVED? YES NO

ALCOHOL SERVED? YES (ATTACH WSLCB LICENSE & LIQUOR LIABILITY INSURANCE ENDORSEMENT) NO

AMPLIFIED SOUND? YES NO (No amplified sound is allowed without prior approval by City of Port Townsend)

FILL OUT BOTH SIDES AND RETURN COMPLETED APPLICATION TO YMCA

Contact Bill Kush / YMCA: (360) 385-5811 for rental charges & reservations

Jefferson County Family YMCA: P.O. Box 1637, Port Townsend, WA 98368

Make checks payable to: Jefferson County Family YMCA



YMCA TERMS OF USE:

- No long-term leases shall be permitted without prior City of Port Townsend approval. If an applicant seeks regular use, the YMCA shall obtain City's prior approval for use. Incidental and occasional use shall not require prior City approval.
- User shall not remove tables, chairs or any fixtures from the building.
- No tacks, staples or nails shall be used. Only string or tape shall be used to hang decorations and user shall remove all at the conclusion of the event. User shall leave the facility clean and in the same condition as before usage. Maintenance deposit shall be retained or returned at the discretion of the YMCA, based on YMCA assessment of facility conditions after usage.
- After facility use, user shall turn off the heat and lights, leave the facility clean and return the key to the YMCA.

• **INSURANCE – Required for all events held on City of Port Townsend property**

The YMCA / City does not maintain insurance that will respond to claims against the applicant arising out of the event. Evidence of insurance acceptable to the YMCA / City must be provided no less than 15 days prior to the event, covering the activities and dates of the event. "City of Port Townsend" must be named "additional insured". Coverage shall be primary for the City. Minimum limits as applicable: \$1,000,000 General Liability (and coverage for liquor liability if alcohol is sold or available at the event). Insurance policy shall state it cannot be cancelled without 10 days written notice to the City. Limits and coverage may be adjusted to meet exposure as determined by the City Manager. Facilities Reservation will not be finalized until insurance has been approved when applicable.

• **INSPECTION**

Applicant consents to entry and inspection during event by City and/or YMCA employees or officers, or their representatives, for purposes of determining compliance with the terms of permit and regulations.

• **HOLD HARMLESS**

Applicant/Permittee/User shall defend, indemnify and hold harmless the Jefferson County Family YMCA & City of Port Townsend, its officials, employees and volunteers from and against any and all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property, which arises out of or in connection with the Applicant/Permittee/User's activity or event, including use of any premises, or from any activity, work or thing done, permitted, or suffered by Applicant/Permittee/User in connection with the Applicant/Permittee/User's activity or event, including use of any premises, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Port Townsend.

• **AGREEMENT AND ACKNOWLEDGEMENT**

This application must be completed, signed and submitted to the YMCA Director's office. Applicant by signing below agrees and acknowledges that applicant/organization is bound by the terms and representations of this Application and that it will comply with the Conditions of Approval set forth, and the terms of any other required permit. Any misrepresentation in this application or deviation from the final agreed upon method of operation described in this application, or failure to comply with conditions, may result in the immediate revocation of facility use permit. This application does not constitute an approval until the City and YMCA below grant Final Approval in writing. Upon approval, a copy of this Application and signed FINAL APPROVAL must be present at the event.

APPLICANT SIGNATURE: _____ DATE: _____

Please attach copies and receipts as required

For YMCA / City Use:

Reservation date: _____

Proof of Insurance - _____ Due date: _____ Date received: _____

WSLCB Permit obtained - _____ Due date: _____ Date received: _____

Facility Use Fee Amount Received _____ Due date: _____ Date received: _____

Maintenance Deposit Amount Received _____ Due date: _____ Date received: _____

Maintenance Deposit Amount Returned _____ Date Returned: _____

Key Number Issued _____ Date Issued: _____ Issued To: _____

Key Returned _____ Date Returned: _____

Reservation Granted: Yes _____ No _____ City Staff Signature: _____ Date: _____

Yes _____ No _____ YMCA Staff Signature: _____ Date: _____