

Community Center Rental Agreement

Committee Contact for Reservations: Vikki Franklin vkkfranklin@zoominternet.net
(724 372-1625)

Resident Name: _____

Resident Address: _____

Resident contact-phone _____

Email _____

Date of event: _____

Hours of function: _____

Type of function: _____

Number of guests: _____

Security deposit is waived BUT if facilities manager deems it necessary, a fee will be charged for cleaning and repair.

- I understand the Community Center is a No Smoking/No Pet facility.**
- I agree that I will be present for the duration of the function.**
- I understand the exclusive use of the swimming pool is not included in this rental.**
- I/We, the undersigned, acting on behalf of all participants, hold harmless The Legends Community at Grove City Condominium Association, its officers, agents, employees and volunteers, from any and all claims for injuries or harm to our participants or invited guests resulting from our/their use of these facilities.**
- I acknowledge I have received a copy of The Legends Community Center Rules (attached) and agree to comply with all of the association rules.**

Resident signature/s

Date