



CITY OF ELEPHANT BUTTE

P. O. Box 1080
Elephant Butte, New Mexico 87935
(575) 744-4892
FAX (575) 744-4493

Community Center/Rental Agreement Form

Today's date _____ Date of Rental _____

Name _____ Phone Number _____

Address of financially liable party _____

Purpose of Rental _____ Will vendors be present Y/N _____

Waivers and Release

I hereby certify that I am over 18 years of age and am the person renting the Elephant Butte Community Center and consent to the provision of the rules, regulations, restrictions, liability and hold harmless provisions. The City of Elephant Butte assumes no responsibility in connection with the rental of the Elephant Butte Community Center. I voluntarily accept all risks in connection with renting the Elephant Butte Community Center. I will make every reasonable effort to provide for the protection of each individual attending the function for which I am renting the Elephant Butte Community Center. I, as the renter, agree to indemnify and hold harmless the City of Elephant Butte from all liabilities. At all times, the liability of the City of Elephant Butte is governed by the provision of the New Mexico Tort Claims Act.

By signing this waiver and release, I wave any and all claims against the City of Elephant Butte.

Printed Name _____ Date _____

Signature _____

Table with 3 columns: Initial your needs or quantities, Cost, Total. Rows include Full facility (Chairs & Tables Included), Microphone for in wall speakers, As can be accommodated: Just chairs, Just Tables, and TOTAL DUE FROM RENTING PARTY.

Refund: \$ _____ Date Requested Refund _____

Mail _____ Pick-Up _____ Contact Phone #: _____

READ AND REVIEW THESE TERMS CAREFULLY

All groups that use the City of Elephant Butte's Community Center must initial all and agree to the following items. **FAILURE TO COMPLY WITH THESE ITEMS WILL BE DEEMED AUTOMATIC FORFEITURE OF DEPOSIT.** It is the Renters responsibility to arrange a date that the Community Center will be checked with both a representative of the renting party and an employee of the City of Elephant Butte. Generally rental inspections, key pick-up and tables and chairs rentals will be at 3 PM THE DAY BEFORE THE EVENT. Only with prior arrangements can this be altered to ensure that staff is available. No Exceptions.

Initial all-

_____ THIS IS A NON-SMOKING FACILITY. Smoking indoors is immediate forfeiture of deposit.

_____ Treat all equipment with care and return it to its designated position upon conclusion of your event. Do not stand or sit on the tables.

_____ No Cooking Allowed. Prepared food may be brought in, or personal grills can be utilized outside ONLY. Clean all sinks if used, countertops, inside refrigerator and microwave.

_____ If alcohol is to be served; the renter needs to make arrangements with a licensed alcohol vendor.

_____ All trash bags, hand soap, paper towels, toilet paper, cleaning supplies, tablecloths, and all utensils **MUST BE SUPPLIED AND REMOVED BY THE RENTING PARTY.**

_____ All decorations and the instruments used to hang them, including tape or push pins **MUST BE FULLY REMOVED. NO NAILS OR SCREWS. VINYL DECALS ARE RECOMMENDED.**

_____ Keep loud music low enough to not be heard by neighbors after 9PM (City Code § 90.05)

_____ Ensure all appliances (except fridge) are turned off prior to leaving.

_____ Ensure all doors are locked prior to leaving

_____ Keys must be returned by 8am on next business day or dropped in drop box at office.

THE FOLLOWING CLEAN UP MUST BE DONE FOR REFUND OF DEPOSIT

1. Sweep and mop all floors. Dust mop and wet mop bucket are in closet in kitchen.
2. Clean tables with a damp cloth and move tables to the original position.
3. All chairs must be wiped with a damp cloth and rehung on rolling racks.
4. Remove all items from the fridge and freezer and clean after use. Do not adjust temperature in fridge.
5. All garbage must be removed and hauled offsite for disposal. All trash cans must be cleaned if bags have fallen or not used. **DUMPSTER IS NOT AVAILABLE AND TRASH LEFT IS AUTOMATIC FORFEITURE OF DEPOSIT.**

Deposit Refund Information

Please make Refund Payable to: _____

Address to mail refund _____

City, State & Zip _____

Phone Number _____ Event Date _____

Event Name _____

- Deposit received
- Community center checked prior to rental by _____
- Community center checked after rental by _____
- Community center key returned
- Acceptable condition of all facilities
- Deduct for damages if applicable \$ _____