

# **Room Rental Agreement**

*Please review the following information carefully. Return this agreement to our park office in person, scan via email to [jocopark@co.johnson.in.us](mailto:jocopark@co.johnson.in.us) or mail it to Johnson County Parks, PO Box 246, Franklin, IN 46131.*

**RENTAL FEES ARE NON-REFUNDABLE.**

**DEPOSITS ARE REFUNDABLE IF ROOM IS RETURNED TO ORIGINAL CONDITION.**

- During your event, do not block any roadways, or parking areas with vehicles. Use only designated parking areas.
- Make sure all beverage stands, coolers and the like are not leaking if they are indoors.
- No open flames allowed. No outside cooking equipment is allowed (personal grills, deep fryers, etc.).
- No amplified music is allowed without prior approval from the park office.
- Children must be supervised at all times.
- Inflatables (Bounce Houses, slides, etc.) are NOT permitted.
- No additional tenting can be constructed without prior approval from the park office.
- There is **NO SMOKING** or e-cigarette usage allowed in any park building at any time. Smokers must be at least 8 feet from any doorway. Cigarette butts must be disposed of properly and not littered throughout the area.
- Clean up after your event. Sweep, vacuum, mop if needed. Return all chairs and tables to storage locations. Remove all personal items. Cleaning supplies are provided in each rental room. A cleaning list is posted in each room as a reminder. All cleaning **MUST** be complete the day of your rental. Rental hours are from 8AM-Midnight.
- Please leave the trash inside the cans provided. Do not put liquids into the trash cans.
- **NO STAPLES, NAILS, OR DUCT TAPE.** Thumb tacks are only acceptable on outside posts, but not on the buildings or anywhere inside. Scotch tape may be used, but all traces must be removed before leaving.
- Make sure that any windows and doors are shut and locked when you leave the facility.
- Return thermostat to 70 degrees before leaving.
- Any property or items left in the facilities will become property of Johnson County Parks and Recreation and may not be returned.
- **Remove ALL SIGNS, BALLOONS, BANNERS, etc. from park property. Materials found after your event will result in a minimum \$25 fee per item left.**
- All damage done, including insufficient cleaning, is your responsibility. You must return the key to the Park Office (open Monday-Friday 8AM-4PM and seasonally Saturday 8AM-NOON) or to the drop box on the Park Office porch outside of office hours. If, upon inspection, the facility is found in damaged or unsatisfactory condition, or if the key not returned within 24 hours of the close of your rental, Johnson County Park will retain a portion or the entire damage deposit. If the damage exceeds \$150.00, you will be financially responsible for all additional damage costs. Additional cleanup/damage is charged at a rate of \$25 per hour per employee, plus expenses as necessary to restore or repair the facility.

It is agreed that the applicant and all individuals associated with your event will abide by all State, Federal, and Local laws and ordinances relating to Johnson County Parks and Recreation Department's facilities, grounds, and property. It is further agreed that the applicant and all members, guests, or employees of applicant will execute and submit with this application as agreement, in writing, holding Johnson County Commissioners and Johnson County Soil and Water District and Johnson County Parks and Recreation Department ("the indemnified parties") harmless for any loss or damage, including, but not limited to bodily injury and property damage occurring by reason of, in connection with, or as a result of the use of the facilities, grounds, and property requested.

The organization/individual identified on this contract shall indemnify and hold the indemnified parties harmless from any and all claims, demands, actions, damages, costs and charges to which the indemnified parties may be subject to or which the indemnified parties may have to pay by reason of any injury to any person or property, or loss of life or property resulting from or in any way connected with, the character, condition or use of the premises, or any means of ingress thereto or egress there from, or from the facilities or equipment provided pursuant to this contract, and shall, at its own expense, assume the defense of such claims and actions for damages arising out of such injuries or losses which may be brought against the indemnified parties by any such entity, and shall pay any such judgments that may be rendered in any such actions.

Applicant agrees that they will be responsible for ensuring that all trash, debris, refuse, waste, and recyclable materials generated by this event are collected and removed from the Johnson County Parks and Recreation Department's facilities, grounds, and property per direction provided by park staff. Applicant will be responsible for all costs of staff clean-up after the event, as determined necessary by the Johnson County Park and Recreation Department, and will be charged with \$25 per hour per employee, plus expenses as necessary. Applicant further understands that failure to pay these costs within thirty days of the close of the event may subject them to additional legal action to collect all amounts due, and that applicant will be responsible for any expenses incurred by Johnson County and/or the Johnson County Parks and Recreation Department as a cost of collection of these fees, including but not limited to court costs and reasonable attorney's fees.

By signing below, I am agreeing to all the terms and conditions of this contract and have read and understand all of its contents and addendums. I also agree to the rules and conditions above and am responsible for everyone in my event abiding by them.

Room Rented: \_\_\_\_\_ Date of Rental: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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**For Office Use Only**

**Today's Date:** \_\_\_\_\_.

Amount of Payment Received: \_\_\_\_\_  
 Check # \_\_\_\_\_  Cash  Charge

Staff Initials: \_\_\_\_\_

Amount of Deposit Received: \_\_\_\_\_  
 Check # \_\_\_\_\_  Cash  
Deposit Instructions:  Shred  Pick-up

Staff Initials: \_\_\_\_\_

Date that Deposit was Returned/Destroyed: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Key Number: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date that Key was Returned: \_\_\_\_\_

Staff Initials: \_\_\_\_\_