

# Room Use and Rental Application/Letter of Agreement

## Evening and Weekend use of Senior Center space for Non-Senior Center Programming

1. **Applicant Name:** \_\_\_\_\_  
(Group, Organization or Individual) Is this a non-profit organization? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. **Address:** \_\_\_\_\_  
Street City State Zip
3. **Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_
4. **Event Name:** \_\_\_\_\_
5. **Date(s) Needed:** \_\_\_\_\_  
M T W Th F Sat Sun
6. **Start Time:** \_\_\_\_\_ **AM/PM** **End Time:** \_\_\_\_\_ **AM/PM** **Total Hours:** \_\_\_\_\_
7. **Room Requested:** \_\_\_\_\_ **Number of People Attending:** \_\_\_\_\_
8. **Will food and/or drink be served?** \_\_\_\_\_ Yes \_\_\_\_\_ No
9. **Will any money be collected?** \_\_\_\_\_ Yes \_\_\_\_\_ No
10. **Will products or services be sold?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please specify what will be sold: \_\_\_\_\_
11. **Is Audio/Visual equipment needed?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list equipment needs: \_\_\_\_\_
12. **Information for responsible person who will be present at the event(s):**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

### Actions Required of Responsible Person

This *Letter of Agreement* designates the responsible person(s) who accept(s) the following responsibilities. The responsible person:

1. Reads and agrees to the *Terms and Conditions for Scheduled Room Use and Rentals (included below)*;
2. Oversees security and safety in the approved area(s) of the building for the duration of the scheduled room use;
3. Takes a leadership role in any emergency occurring while the space is being used and completes an accident incident report;
4. Participates in required room use training;
5. Monitors and secures the facility after the program ends;
6. Operates audiovisual equipment;
7. Manages the set-up and clean-up of the room;
8. Reports last minute program cancelations.

### Terms and Conditions for Scheduled Room Use and Rentals

1. Except for fundraising or sales sponsored by Friends of The Center or approved by the coordinator or designee all other fundraising activities or sales are prohibited.
2. All tables and chairs requested for use during a scheduled event will be made available in the assigned room or area.

3. The responsible person(s) shall participate in a basic safety training review for fire, weather, and medical emergencies, and, if necessary, training on the use of audiovisual equipment no less than twenty-four (24) hours prior to the scheduled room use. Access to the space and equipment will not be provided unless the responsible person(s) has received instruction.
4. Access to areas of the building or use of equipment not approved for use or rent is prohibited.
5. Janitorial services are not provided. The responsible person(s) is in charge of managing room set-up and returning the area to its original condition. Failure to return the room or area to its original condition will result in the full or partial loss of the security deposit.
6. All activities held at the Senior Center must comply with Senior Center polices and City of Iowa City resolutions and ordinances.
7. The applicant/responsible person(s) is liable for any damages to the space or equipment during their use of the facility and for making sure the space is secure when leaving the building.
8. Publicity for all events is the responsibility of the sponsoring individual or group and must not be intrusive to participants or disrupt Senior Center programming or operations.
9. The Senior Center neither approves nor disapproves the content, ideas, or subject matter presented in meetings or used by community members and nonprofit groups and organizations during regular hours of operation or on evenings, weekends, and holidays. The Senior Center does not accept responsibility for ensuring accuracy or that all points of view are represented.
10. To record an emergency incident, an incident report must be completed by the responsible person and submitted to Senior Center staff by the next working day. (Included in safety training packet.)
11. Noncompliance with any of the above policies is likely to result in forfeiture of the room deposit and limit access to Senior Center space and equipment for future programs.

12. Fees:

Room Rental
Room Deposit
Total Amount

Room	Rental Cost	Deposit without AV or refreshments	Deposit with AV or refreshments
Rooms 202, 205, 208, and 209	\$40/hour	\$75	\$125 (AV only in 202 and 208)
Rooms G13 and 103	\$60/hour	\$125	N/A
Assembly Room	Mon – Thurs: 8 a.m. to 12 a.m. Fri: 8 a.m. to 4:30 p.m. \$60/hour, rentals >5 hours will be charged \$375  Fri: 4:30 p.m. to 12 a.m.; or, Sat and Sun 7 a.m. to 12 a.m. \$120/hour, rentals >5 hours will be charged \$750	\$250	\$300

Individuals and non-profits are not charged a room rental rate during business hours (8 a.m. to 5 p.m. Monday-Friday). Non-profits receive a 50% discount for evening and weekend rentals.

Dependent upon the condition of the room or equipment after use, full or partial deposits are returned within twenty-one (21) working days of the rental. Refunded deposit checks are mailed to the responsible individual identified in this Letter of Agreement.

**Cancellations**

Afterhours access is provided by a computerized door locking system that is set to automatically open and close specific areas of the building in accordance with the needs identified in the rental request. Once programmed, the doors lock and unlock whether the people who rented the area are there or not.

If a scheduled event is cancelled, the responsible person(s) must notify a Senior Center staff member of the cancellation. The Senior Center staff member must be spoken to directly. **Leaving a phone or email message is not acceptable notification.** A list of emergency contact numbers will be provided when the room rental agreement is signed and the security deposit and rental fee paid. Failure to directly notify a Senior Center staff person when a scheduled event has been cancelled will result in the loss of the entire security deposit.

**Agreement and Indemnification Signatures**

1. (Only applicable if the applicant is not an individual.) I acknowledge that I have the authority to act on behalf of the group making the application.
2. Applicant agrees that the responsible person identified above has received and will abide by the rules, policies, and conditions for use of the room, which are included in this application.
3. Applicant waives, releases, and discharges the City and its officers, agents, and employees from any and all claims for damages for personal injury, death, property damage, any claim in tort, or any other claim, regardless of legal theory, that may accrue as a result of the use of the room. This waiver includes but is not limited to any negligent acts or omission of the City. In no event shall the City or its officers, employees or agents, be responsible or liable for any direct, indirect, special, incidental, or consequential damages; lost profits; or any other economic or physical loss or damage to any individual regardless of legal theory resulting from participation in the use of the room.

Applicant agrees to indemnify and defend, at Applicant’s own cost, the City of Iowa City and its directors, officers, employees and agents from any claims, demands, damages, rights of action or causes of action present or future whether the same be known or unknown, anticipated or unanticipated, brought against any or all such persons or entities based on the Applicant’s use of the room.

By approving this application, Applicant acknowledges and agrees that the City of Iowa City is not waiving any immunity.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Coordinator Approval:**

The application for room rental is approved with the Letter of Agreement conditions listed above:

\_\_\_\_\_  
Signature of Coordinator

\_\_\_\_\_  
Date