

Kali Oka Recreation Center Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ (H) _____ (C)

AGE _____ DRIVERS LIC # _____

_____ AUDITORIUM _____ KITCHEN _____ SM ROOM

_____ # OF GUEST _____ DATE REQUESTED

_____ HOURS _____ POLICE NEEDED

TYPE OF EVENT _____

I understand and agree to be responsible for any damages that may occur during use of CITY facilities and abide by all the rules governing the use of such facility.

No REFUNDS will be given seven (7) days prior to scheduled event. Person renting facility MUST BE PRESENT FOR ENTIRE TIME OF SCHEDULED EVENT.

DATE _____ SIGNATURE _____

INDEMNITY AND HOLD HARMLESS AGREEMENT

CITY OF SARALAND

In exchange for permission given to me by the City of Saraland/ Parks and Recreation Board to use the Saraland Civic Center/ Saraland Kali Oka Recreation Center. I do hereby indemnify and hold harmless the City of Saraland/ Parks and Recreation Board, its officials, agents and employees, hereinafter collectively called "The City" from any and all claims and causes of action that may arise from injury to me using the facilities at the Saraland Civic Center/ Kali Oka Recreation Center. I also agree to indemnify and hold harmless The City from any and all claims and causes of action of third parties, who are injured or suffer property damage that is in any way caused by my use of said facility. This indemnity and hold harmless agreement is given to the City of Saraland/ Parks and Recreation Board to protect The City and its officials, agents and employees from cost of defense and claims for injuries and damages that may be caused either directly or indirectly by my use of the Saraland Civic Center.

Signed _____

Date _____

KALI OKA CLEAN UP CHECK LIST

DATE _____ RENTAL PARTY _____

Floors Swept Y__ N__

Floors Mopped Y__ N__

No Markings on walls Y__ N__

Chairs & Tables Put Away Y__ N__

Trash Carried Out Y__ N__

KITCHEN

Floors Swept Y__ N__

Floors Mopped Y__ N__

Stove Cleaned Y__ N__

Refrigerator Cleaned Y__ N__

Countertops Cleaned Y__ N__

Trash Carried Out Y__ N__

RESTROOMS

Floors Swept Y__ N__

Floors Mopped Y__ N__

Renters Signature _____

Comments

Please turn in this form along with your key to the facility!!!!