

WAIVER OF LIABILITY

I, _____ in consideration of being permitted to use facilities of the
NAME
Nenahnezad Chapter between the date of _____, 2016 & _____, 2016 in
DATE DATE
connection with _____ do hereby covenant and agree that the
TYPE OF EVENT
Nenahnezad Chapter, their Officials, Employees, Members or Representative shall not be liable for any
loss, arising from an use of the premises of the Nenahnezad Chapter, of any part thereof, or by any
building, structure or improvement thereon, or in any equipment to be used therein, or because of the
name, being out of repair or arising from any act or omission of the Nenahnezad Chapter to be liable for
any loss, damage, or injury from any cause whatsoever to the property of person of the undersigned or
any of its employees, agents, or other person entering upon or using said premises or any part thereof, or
to any property stored or placed thereon.

Notwithstanding anything to the contrary herein contained and irrespective of any insurance carried by
the undersigned for the benefit of the Nenahnezad Chapter, except for injuries and/or damages sustained
by persons or property due to willful misconduct or gross negligence the undersigned agrees to protect,
indemnify, covenant and hold the Nenahnezad Chapter and said premises harmless from any and all
damages and liabilities of whatsoever nature arising out of or in connection with the Nenahnezad
Chapter or in the use of occupancy of the premises or arising from any state or condition of said
premises or any part thereof.

SIGNATURE OF REPRESENTATIVE

DATE

CONCURRED

CHAPTER ADMINISTRATOR

DATE

CHAPTER FACILITIES USAGE AGREEMENT FORM

NAME OF ORGANIZATION/INDIVIDUAL(S) _____

DATE: _____

NAME: _____

ADDRESS: _____

City: State: Zip: _____

PHONE NUMBER: (_____) _____ OPEN DOORS @ ____:____ AM/PM

Date of EVENT/ACTIVITIES: _____ TIME: ____:____ AM/PM

Facility to be USED: Multi-Purpose Hall _____ ½ Multi-Purpose Hall _____
Dining Hall _____ Kitchen _____ Veterans Park _____

*** PLEASE INDICATE # OF TABLES & CHAIRS NEEDED TABLES: _____ CHAIRS: _____ ***

I agree to abide all rules pertaining to the Chapter facilities usages as described in the Chapter policies and to compensate the Chapter all required charges and fees in good faith before using facilities. I further understand that all damages, which occur to the Chapter as a result of the activity and injuries to and participate of this activity, will be the liability of the organization(s) listed above.

SIGNATURE(S): _____ DATE: _____

It is the responsibilities of the user to make arrangement with the Chapter staff to open facilities during non-office hours.

APPROVAL: _____ DATE: _____
CHAPTER ADMINISTRATOR

*******DO NOT WRITE BELOW THIS LINE*****ADMINISTRATIVE USE ONLY*******

Facilities rented: \$ _____ Cleaning Deposit: \$ _____

Cancellation Fee: \$ _____ Total: \$ _____

Damage Deposit: \$ _____

DATE	MONEY ORDER #	AMOUNT	BALANCE	INITIAL
/ /	#	\$	\$	
/ /	#	\$	\$	
/ /	#	\$	\$	

/	/	#	\$	\$	
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