

# WAIVER OF LIABILITY

I, \_\_\_\_\_ in consideration of being permitted to use facilities of the  
Nenahnezad Chapter between the date of \_\_\_\_\_, 2023 & \_\_\_\_\_, 2023 in  
connection with \_\_\_\_\_ do hereby covenant and agree that  
the 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

DATE: \_\_\_\_\_

NAME OF ORGANIZATION/INDIVIDUAL(S): \_\_\_\_\_

CONTACT NAME(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
City State Zip Code

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

Date of EVENT \_\_\_\_\_ Type of EVENT: \_\_\_\_\_

Time of Event (Including set up and clean up) Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

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

\*\*\* PLEASE INDICATE # OF TABLES & CHAIRS NEEDED IF RENTING DINNING HALL TABLES: \_\_\_\_\_ CHAIRS: \_\_\_\_\_ \*\*\*

**CONDITIONS OF THIS RENTAL FORM:**

1. All served food & drinks must be prepared off site. The chapter kitchen can only be used for warming food.
2. No Alcohol will be served.
3. No rental will be confirmed / reserved without payment and Insurance Coverage.
4. 10 days cancellation notice must be given on all rentals in order to receive any money back minus the \$25.00 fee for cancellation.
5. All above requires a \$50.00 cleaning deposit. A damage deposit of \$300.00 is required for high-risk activities. (I.e., Country & Western Dances, Song-n-Dances & Pow-Wows)
6. Chapter **RESERVES THE RIGHT TO REFUSE SERVICE** to Non-Voters who solicits rental through Chapter voters.
7. **CLEANING & DAMAGE DEPOSIT WILL BE REFUNDED AFTER 5 WORKING DAYS.** (Must pass check-list inspection & return cleaning check-off list within 5 days after event. Failure to return Cleaning Check-Off List will result in forfeiture of your cleaning deposit).
8. Policy will be amended in January of each year to reflect changes in taxes, etc.

I, the undersigned, accept responsibility for the above conditions and agree to make restitution for any damage to the facility or property. I hereby exempt and release the chapter, its officers and employees from any and all loss, liability, claims, demands, actions, and causes of actions whatsoever arising out of any loss, damage or injury that may occur as a result of the referenced facility use requested herein.

It is the responsibilities of the user to make arrangement with the Chapter staff to open facilities during non-office hours and to provide proof of events liability insurance on file with the chapter. Occasionally chapter staff/officials will come in during your event for observation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

~ALL REQUESTS MUST BE PAID IN FULL TO ENSURE A RESERVATION~

**\*\*\*\*\*DO NOT WRITE BELOW \*\*\*\*\*ADMINISTRATIVE USE ONLY\*\*\*\*\***

Facilities rented: \$ \_\_\_\_\_

Cleaning Deposit: \$ \_\_\_\_\_

Cancellation Fee: \$ 25.00

Total: \$ \_\_\_\_\_

Damage Deposit: \$ \_\_\_\_\_

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

APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

CHAPTER MANAGER