

# Cascade EMS Center Rental Agreement

320 1<sup>st</sup> Avenue West\*\*P.O. Box 400\*\* Cascade, IA 52033

Phone: 563-852-3114\*\* Fax: 563-82-7554

[cascadecity@netins.net](mailto:cascadecity@netins.net)

The Cascade City Council makes the Cascade EMS Center available to area groups and organizations for civic uses under the following terms and conditions:

- Adult Supervision: All persons under 18 years of age are required to be supervised by an adult at all times. Adults supervising preschoolers shall not exceed a maximum of six preschoolers to one adult. Horseplay will not be tolerated at any time. The person checking out the key is responsible for supervision and any damages.
- Hours of Use: The Center may be used between the hours of 6:00 A.M. & 11:00 P.M.
- Check Facility: All areas of the Center's property must be inspected for trash, debris, spills and messes, etc. All trash and debris must be picked up prior to exiting the building and all spills and messes must be cleaned up. All Center property must be left in a clean condition. If the Center is not cleaned following an event, \$25 will be kept from the \$150.00 deposit.
- Capacity: 50 people
- Lock-up: All lights must be turned off, furnace thermostats returned to 55 degrees, and all doors shut and locked.
- Keys: Only persons 18 years of age or over, who have made arrangements to use the Center may checkout a key from the City Clerk's office. Anyone under 18 is not to be given the key to open up the Center. **Keys require a \$150.00 refundable deposit.** The key deposit will be forfeited in the event the key is lost or not returned by date indicated below, or if Center facilities are left messy and dirty, or to cover any damages as a result of the group or organization's usage. Keys may be returned in the night deposit box at the west entrance to the Cascade City Hall building, at which time the deposit will be mailed back to the depositor.
- Reservation of the EMS Center: The Center is reserved on a first-come, first-serve basis. Reservations must be made with the City Clerk's office by filling out and submitting this agreement, along with the required rental fees and paying the key deposit fee.
- Payment: Use of the Center is free for Cascade groups, organizations, and non-revenue generating events as well as any member of the Cascade Volunteer EMS crew. For all other uses, the Center rental fee is \$20.00 per hour not to exceed \$100.00 in any one day. Payment must be made prior to Center use and issuance of a key.
- Tobacco, Alcohol & Chewing Gum Prohibited: The use of alcohol, tobacco and chewing gum is strictly prohibited in the Center building and on any of the Center grounds.
- Accidents and Injuries: Renter agrees to hold harmless the City of Cascade against any and all claims, demands, suits, losses, including all costs connected therewith, for any damage which may be asserted, claimed or recovered against or from the City of Cascade, its elected and appointed officials, and employees, by reason of personal injury, including bodily injury and death; and/or property damage, including loss of use thereof, which arises out of the alleged negligence of the renting party and/or in any way connected or associated with this agreement. Furthermore, I agree to indemnify the City

of Cascade for any claim, judgment, and cost brought against the City of Cascade as a result of the use of this facility.

- **Banned:** The City of Cascade reserves the right to right to ban any individual, group or organization that fails to abide by these rules and regulations.
- **Damages:** If damages exceed the key deposit, the organization and/or responsible person will be held liable for the additional cost. They will be banned from use of the Center until the additional cost of the damages is settled. Future policing is guaranteed.

The City of Cascade recognizes the importance of community events and encourages activity within the Cascade EMS Center. Let's make the activities safe and enjoyable.

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Applicant Name (Please Print)

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Group Name

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Address

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Date

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City

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State

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Zip Code

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Phone Number

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Date Requested

---

Time of Event

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Type of Event

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Signature

**FOR OFFICE USE ONLY:**

Key Issued: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Date Deposit Returned: \_\_\_\_\_

Check #: \_\_\_\_\_