Community Room Rental Agreement

Cascade [108 2nd Ave SW PO Box 117] Cascade, IA 52033

563-852-3222 [Librarydirector@citycascade.com](mailto:Librarydirector@citycascade.com)

Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ $150.00 deposit or in lieu of a deposit a credit card must be kept on file in case of damages

\_\_\_\_\_ $20.00/hour, not to exceed $100.00 per day fee + $150 deposit: For Profit Groups & Special Events

\*Deposit will be returned if the community room is left in clean and organized state.

***Return payment along with this agreement to City Hall. Make check payable to the City of Cascade.***

**Cancellation Policy:**  
Cancellation 48 hours or More Prior to Event - Refund 100% of the rental fee, Deposit Refunded  
Cancelation Less Than 48 hours Prior to the Event - No Refund of the rental fee, Deposit Refunded

I, the renter am responsible for cleaning up any messes created in, and reporting any damages to, the Community Room area, bathrooms, hallways, created by anyone in my party. If messes or damages are found to be the result of my party, the deposit will be forfeited and may result in being banned from future reservations at the discretion of the Cascade Library Board and/or Cascade City Council.

I will abide by the Community Room Policy.

I 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, it’s 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.

I hereby agree to the conditions in regards to renting the pavilion  
  
Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
City, State & Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only:   
Rental Fee Paid: $\_\_\_\_\_\_\_\_\_ Cash Check#\_\_\_\_\_\_\_\_\_\_\_ CC   
Deposit Fee Paid: $\_\_\_\_\_\_\_\_\_ Cash Check#\_\_\_\_\_\_\_\_\_\_\_ CC Credit Card on File \_\_\_\_\_\_\_\_\_\_\_  
Deposit Returned $\_\_\_\_\_\_\_\_\_ Deposit Returned Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ via Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_