

# Facility Rental Request Form



Name \_\_\_\_\_ Group \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Age of Participants \_\_\_\_\_ # of Participants \_\_\_\_\_

Sport, Activity or Event \_\_\_\_\_

Day/Date (s) Requested:	Time (s) Requested:	Area (s) Requested:	Cost:
1st _____	1st _____	1st _____	\$ _____
2nd _____	2nd _____	2nd _____	\$ _____
3rd _____	3rd _____	3rd _____	\$ _____
4th _____	4th _____	4th _____	\$ _____

### 50% DEPOSIT IS REQUIRED TO CONFIRMED RESERVATION

I agree to pay the Total Amount Due prior to the first event. Cancellations result in a minimum 50% fee assessment.

#### Release & Waiver

The renter agrees to hold harmless the Adirondack Sports Complex, LLC, and its' officials and employees from and against any and all claims, suits, actions, damages and/or causes of action during the term of this agreement, for any personal injury, loss of life, property and/or damage to property sustained in or about the said premises, and from and against all cost, expenses and liability incurred in and about any such claims the investigation thereof or the defense of any action process brought thereon, and from and against any orders and/or judgments that may be entered therein. The renter also agrees that by signing below they will pay for any damages incurred while using the facilities of the Adirondack Sports Complex.

#### Team Rentals

Teams must provide proof of insurance (i.e.: Certificate of Insurance) listing Adirondack Sports Complex, LLC as Additional Insured.

Renter:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY Payments		Date	Method of Payment	Entered Into DASH (Date)
Rental Total	\$ _____		Check # _____ Cash ___ CC ___	
1st Payment	\$ _____		Check # _____ Cash ___ CC ___	
2nd Payment	\$ _____		Check # _____ Cash ___ CC ___	
3rd Payment	\$ _____		Check # _____ Cash ___ CC ___	
4th Payment	\$ _____		Check # _____ Cash ___ CC ___	

RESTAURANT REQUESTS: \_\_\_\_\_

OTHER REQUESTS: \_\_\_\_\_

Staff Member Reservation Confirmed: \_\_\_\_\_

Date Reservation Confirmed: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Exp.: \_\_\_\_\_ Code: \_\_\_\_\_

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