



FACILITIES SCHEDULED - (Please check)

Dr. John Silas Bass North Community Center
505 North Buckeye Street
(Capacity 176)

Riverside Park Community Center
510 Park Avenue
(Capacity 112)

TO SECURE THE FACILITY THIS FORM **MUST** BE COMPLETED AND CONFIRMED BY THE CITY CLERK'S OFFICE.

***NOTE:** Please include in your schedule any time that you know you will need to be in the facility before the event begins and clean-up time after the event!

DATE(S) _____ TIME _____ TO _____ NATURE OF FUNCTION _____

NAME/ORGANIZATION/GROUP _____ CONTACT PERSON(S) _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

EQUIPMENT AVAILABLE – Please complete if needed:

___ Tables with Chairs # ___ Serving Tables # ___ Head Tables # ___ Other Tables # ___ Chairs Only

Any unethical conduct, of any activity sponsored by an organization or individual, will be reason for the refusal of the use and privileges or the facility. All individuals must comply with all policies concerning city facilities in order to use such facilities. The cooperation of users in abiding by these policies and using the facilities in a sane and sensible manner will be necessary for continuation of privileges here by granted. Refusal for the use of said facilities will be by the action of the Parks Superintendent. Said deposit does not relieve contracting part of any other charges which may be accessed due to extra cleaning or damages to public facilities. The Renter or Sponsor using the facilities specified above will be responsible for opening and closing the facility at the agreed upon times. Keys will be checked out through the City Clerk's office and all deposits will be held until the keys are returned. All keys must be returned on the agreed upon date and time. If keys to the specified facility above are lost or stolen while checked out to any individual, that person will be charged for the cost of having the door locks on all doors to the facility re-keyed and twelve new keys made. The Renter/Sponsor will be responsible for making sure that all lights are switched off, heating thermostats are set on 60 degrees during cold weather & air conditioning thermostats are set on 75 degrees during warm weather and that all windows and doors are locked before vacating the premises. Keys will be returned to the City Clerk's office after the event has concluded. City personnel will inspect all facilities after each individual event. If the inspection reveals that the premises are clean and everything is satisfactory all deposits will be refunded after such use. If the inspection reveals that any damage has occurred to the facility, the facility has not been properly cleaned after the event or equipment has been damaged or missing the contracting part will forfeit their deposit and in addition may be charged additional fees for any cleaning, repairs of any damages or replacement cost for any missing equipment.

I, the undersigned, have read, understand and will abide by the policies outlined in this agreement and all other policies concerning the use of city facilities.

RENTER SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

KEY # CHECKED OUT _____ CONFIRMED BY _____

Rental Fee \$ _____ Check # _____ Cash _____ Credit Card _____ Date Paid _____

Deposit Fee \$ _____ Check # _____ Cash _____ Credit Card _____ Date Paid _____

Total Paid \$ _____ (POST RENTAL FEE TO: 1.4520)

Deposit Instructions: SHRED PICK-UP MAIL Mailing Address: _____

Add to utility account: _____



FACILITIES SCHEDULED - (Please check)

Dr. John Silas Bass North Community Center
505 North Buckeye Street
(Capacity 176)

Riverside Park Community Center
510 Park Avenue
(Capacity 112)

Liability Release Waiver:

As the individual renter or responsible sponsor utilizing the Dr. John Silas Bass North Community Center located at 505 N Buckeye St. or the Riverside Park Community Center located at 510 Park Avenue in the City of Iola, Kansas I agree to release the City of Iola, their employees, agents and other City representatives associated with these facilities from any liability resulting from any circumstances that may arise in connection with the function I have scheduled.

I understand that it is impossible to completely eliminate the risk that individuals could be exposed to and/or become infected through contact with or by close proximity with an individual with a communicable disease. As the individual renter or responsible sponsor I will hereby accept full responsibility for the enforcement of the Kansas COVID-19 Phase 3 health metrics of the AD Astra Plan presented by Governor Laura Kelly which includes but may not be limited to NO more than 45 individuals attending mass gatherings, following 6 foot social distancing guidelines and wearing face mask when necessary.

As the individual renter or responsible sponsor I agree to hereby accept the risks of individuals attending the function that I secured said facility to be used for which include the risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to Covid-19, MRSA, Influenza, or other medical conditions or diseases.

I, the undersigned, have read, understand and will abide by the above waver and all other policies concerning the use of city facilities.

RENTER / SPONSOR SIGNATURE: _____ DATE : _____