

CITIZEN'S CENTER PALUXY ROOM

Rental Policy Agreement, Executive Board Approved 10/11/2023

The following policy shall govern all rentals and uses of the Paluxy Room:

1. **NO ALCOHOLIC BEVERAGES OF ANY TYPE** may be consumed on this property. Should alcoholic beverages be used in violation of this policy, the rental of the building will be immediately terminated. The person renting the property will be responsible for seeing that this policy is strictly followed.
2. **RENTAL DATE IS FOR SPECIFIC TIME ONLY** and prearranged in advance at the time the rental is approved. Any preparations, decorating, etc., must occur during the assigned time of rental. **RESERVATIONS** are to be made at the Citizen's Center, contact Pam Baker at 254-897-2139. The deposit is to be paid to Somervell County Committee on Aging (SCCOA). The deposit covers damages or necessary cleaning after each rental. If no damage occurs or if cleaning is not necessary, the deposit will be refunded after the rental date and inspection of the Center by the Director or other authorized person.
3. **THE RENTER WILL SIGN FOR AND PICKUP A KEY** to the Paluxy Room at the Center (Monday through Friday, 8:30 a.m. to 4:30 p.m.) prior to their reservation date. The key will be returned to the Center the next working day after the reservation.
4. All rentals are subject to a **12:00 MIDNIGHT CURFEW** for all activities.
5. **RENTERS ARE TO PROVIDE ALL ITEMS NEEDED FOR THEIR EVENT.**
6. **ALL TRASH** must be taken out and placed in the receptacle at the back of the building. The Center vacuum cleaner is available upon request.
7. **TURN OUT ALL LIGHTS** and lock outside door when leaving.
8. **ANIMALS** other than certified service animals are not allowed in the Center.
9. **CHILDREN ARE TO BE WELL SUPERVISED AT ALL TIMES.**
10. **NO ATHLETIC TYPE GAMES** are allowed.
11. **SMOKING AND VAPING ARE NOT ALLOWED.**
12. **FIREWORKS ARE NOT ALLOWED.**
13. **ALL FURNITURE** should be returned to original positions and stored properly.
14. **NO PROPERTY SHOULD BE REMOVED FROM THE PALUXY ROOM.**
15. **ADA ACCESSIBILITY:** Renter understands that not all portions of the rented premises are ADA Compliant. The sink that is a part of the cabinet in the Paluxy Room is not accessible to persons in wheelchairs.

CURRENT PHOTO ID IS REQUIRED

I have read and understand the policy as presented above regarding the rental and use of the County's facility. I will abide by these regulations and will be responsible for any guest attending the activity for which the facility is rented. I represent to County/SCCOA that I am the person authorized to sign this Agreement. In this regard, I state that I am the person renting this facility. In consideration of renting the facility, I agree to pay the rental fee set out herein and agree to indemnify and hold harmless the County, SCCOA and its agents and employees from all suits, actions or claims of any character, type or description (including the payment of court expenses and any attorney's fees) brought on account of any injuries or damages received or sustained to any person, persons or property arising out of the use of the facility. I represent that I have examined the facility or will examine the facility concerning my intended use of it. I also represent that I will have each person attending my event examine the facility, and that I will point out to them any possible hazards that I become aware of concerning the facility and my use of it. In the event that I or any of the people attending my event become aware of any problems or potential dangers concerning our use of the facility, I will immediately cease use of the facility and will notify an authorized agent of SCCOA

EVENT _____ RESERVATION DATE _____ TIME _____

RENTER _____ ADDRESS _____

TELEPHONE NUMBER _____ SIGNATURE _____

DEPOSIT \$ _____ RENT \$ _____ DATE PAID _____ CASH _____ CHECK NO _____

**RENTAL FEES:
(Four Hours Maximum)**

	DEPOSIT	FEE
Non-County Residents:	\$ 75.00	\$ 75.00
County Residents:	\$ 75.00	\$ 75.00
Non-Profit Organizations:	\$ 75.00	\$ 75.00

The rental fee for the Citizen's Center Paluxy Room will be paid with deposit. A copy of this agreement indicating paid deposit and 100% of the paid rental fee will be required by SCCOA fifteen (15) days prior to the event. All money received will be held in the SCCOA Rental account.

DEPOSIT REFUNDS ARE DEPENDENT UPON NO DAMAGE OR CLEANING NECESSARY

Non-profit deposits will be held in Rental account of SCCOA and reimbursed when the non-profit is no longer using the facility. No deposits will be kept on file. A cash deposit refund must be requested from SCCOA after the event. A refund check may be picked up after approval by SCCOA. Upon cancellation of this agreement prior to event date, fifty (50) percent of deposit will be refunded.

Original: SCCOA
Payment to: SCCOA
cc: Renter