

**Van Buren Township Recreation Department Room Rental Contract**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Person Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Do you need to Heat food: Y N  
Cool food: Y N Staff can put ice cream in freezer

Please Circle One:  
Resident (You are a resident if you pay your property taxes to Van Buren Township)  
Non-Resident

Room Requesting (Please Circle One): Multi-Purpose Gym Both

Date of Event: \_\_\_\_\_ Amount of people: \_\_\_\_\_ (Children & Adults)

Time: From \_\_\_\_\_ To \_\_\_\_\_ (Please include set up time)

Set up Requested: (remember only tables and chairs provided)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*i.e., 3 long tables 6 or 8 ft tables with 15 chairs around, long tables for cake, presents*

I hereby accept all responsibility for and will not hold the Charter Township of Van Buren, all of its officers, elected officials, employees, agents, representatives, servants and members of boards and commissions and/or Van Buren Township Parks and Recreation Department liable for any loss, damage, or injury to property or any person as a result of involvement in Van Buren Township's recreation classes, programs and/or room rentals.

In the event of sudden illness, accident, or injury which may occur while myself or my child is participating in an activity supervised by Van Buren Township employees, when neither the parents or guardian can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of Michigan.

I understand that the Township may take photographs for use in Township publications and news releases without my written consent. It is my intention that this release be as broad as Michigan Law allows releases to be. I understand that, without this document, the cost of participation would necessarily be greater, and I also acknowledge that I may obtain insurance to protect myself if I so choose.

Finally I have read and agree with the refund terms and conditions for room rentals at the Van Buren Township.

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