



CITY OF RICHMOND City Hall Gym Reservation Form _____

Gym Rental Fee: \$10 per hour (effective 1-1-10)

NOTE: Reservations need to be scheduled through Recreation Department and fee paid to Collector's Office.

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reservation Date: _____ Day of Week: Su M Tu W Th F Sa

*Start Time: _____ AM or PM *End Time: _____ AM or PM

Note - Start time/End time includes time needed for set up and clean up.

Reservation Purpose: _____

Items required: _____ # tables _____ # chairs _____ basketballs _____ small goals _____ volleyballs / poles / net

Reservation Agreement

1. I am 18 years of age or older.
2. **NO SMOKING OR ALCOHOL ALLOWED IN CITY HALL GYM**
3. I will move all equipment back to its original location and clean the facility (place all trash in dumpster in parking lot).
4. I will be responsible for damages, losses or injuries that occur during my reserved time. If damages and/or theft occur during my reserved time, I will receive a bill and will pay for the loss and/or damages.

Additional Information

- *Date will not be "reserved"/held for your event unless reservation fee is paid in full.*
- *Changes to reservation must be done (5) five business days before scheduled event.*
- **NO REFUNDS!**
- *We reserve the right to change or cancel reservations as needed.*

I recognize and acknowledge that if any certain risks of physical injury occur, I agree to assume the full risk of any injuries, including death, damage or loss which I and/or the people using the gym may sustain while in the gym. I do hereby fully release and discharge the City of Richmond Recreation Department and its officers, agents, and all employees from any and all claims from injuries, including death, damage or loss while in the gym. I have read and fully understand the above gym usage details and waive and release all claims.

Signature of Person Reserving Gym

Today's Date

Signature of Recreation Department Personnel

Today's Date

Make checks payable to: City Of Richmond
Please return in person or by mail to City Collector's Office, 205 Summit Richmond, MO 64085

For office use only

Amount paid \$ _____

Date Rec'd _____

By _____