

YMCA of Barium Springs Facility Rental Agreement

Today's Date: _____ Desired Date and Time: _____

Name of Group or Individual Renting: _____

Person responsible for group while rental is in progress

First Last D.O.B.

Address City State Zip

Business Phone Home Phone Relation to group

Emergency Contact Phone D.O.B.

Facilities Requested _____ Gym (full gym) _____ Half Gym
_____ Meeting Room _____ Soccer Fields
_____ Combo: Gym & Meeting Room

Equipment Needs ___ Volleyball poles, nets and balls _____

Insurance Provider _____
Name Phone

* The YMCA requires proof of insurance coverage and staff will be required during any rental.

Number of people _____ Primary Group _____ Mixed _____ Teens
_____ Families _____ Adults

Number of Adult Supervisors _____

Rental Costs: Rental Fee _____
Equipment Fee _____
Refundable Cleaning Fee _____
Total _____

Amount paid _____ Date _____ Balance _____

I, the undersigned, have read and fully understand the Facility Rental Agreement Use policy and agree to take responsibility for the rental group named above and will communicate all the rules and regulations to the group. I also understand that the YMCA, its Board of Directors, its members and staff will not be held responsible for any accident, injury, or loss of personal belongings occurring to any member of the group while using the facility requested. I further understand that the YMCA of Iredell County, Statesville and Barium Springs locations do not carry accidental insurance for facility group use. The YMCA requires each group or individual to secure adequate insurance coverage prior to use with a copy for YMCA records.

Date _____ Signed by _____

Date Approved _____ Signed by _____