LOON LAKE COMMUNITY CENTER

USER’S GUIDELINES

**GENERAL INFORMATION**

Application for Use/Hold Harmless Agreement must be filled out prior to use, along with Security Deposit and Rental fee paid – 2 checks payable to the Town of White.

A Certificate of Insurance will be required to verify homeowner’s insurance coverage for liability purposes if alcohol is served.

No smoking is allowed in the building.

First Aid Kits are located in the ice machine room, in each locker room, the kitchen, and canteen closet.

Heating and cooling are regulated by preprogrammed thermostats.

Set up of tables and chairs are the responsibility of the user.

Masking tape maybe used to secure decorations to walls. Do not use scotch tape, tacks or staples.

Tables, chairs and other equipment owned by the Town of White and used at the Community Center are not to be removed from the building without proper notice and approval from the Town of White.

IF A BUILDING EMERGENCY ARISES, CONTACT THE CARETAKER JIM JONES at 218-290-2903

**CLEAN-UP CHECKLIST**

* Tables and chairs are to be cleared off and wiped down, and returned to original location.
* Sweep area(s) used. **Mopping will be done by the Caretaker.**
* Kitchen surfaces are to be wiped down. Dishes, coffee pots, etc. are to be returned to their original location.
* If used – Community Center owned dishes much be washed in the dishwasher, direction for use are posted in the dishwasher area.
* All garbage placed in the proper receptacles. Place bags at the back door by ice machine.
* Do a final walk through; windows closed, lights, stove, oven off, personal belongings are taken.
* Your deposit will be returned upon favorable inspection.

**Failure to comply with these guidelines will result in loss of security deposit and forfeiture of future use privileges.**

Town of White Office: 218-229-2813

Office hours are 8 am – 5 pm (Mon.-Thurs) – closes at 4 pm on Friday.

Loon Lake Community Center: 218-638-2551

Caretaker Jim Jones: 218-290-2903

* LOON LAKE COMMUNITY CENTER*

*3816 HIGHWAY 100*

*AURORA, MN 55705*

[townofwhite@yahoo.com](mailto:townofwhite@yahoo.com)

**Rental Agreement**

1. Name:

If Applicable: Organization:

1. Address:

City: State: Zip:

1. Telephone: (primary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( alternate)
2. Event:
3. Date of Event
4. Time of Event, including set up and clean up: □ a.m. □ p.m. to □ a.m. □ p.m. □ All Day
5. Will intoxicating beverages be used: □ Yes □ No

If Applicable: Proof of Liability Insurance:

If Applicable: Certified Law Enforcement Officer:

1. Estimated Attendance:

**Fee Schedule:**

Class Rooms $ 20.00

Room 106/Capacity 49 - Room 107/Capacity 115

Gym/up to 4 hours $ 50.00

Capacity 403 with tables & chairs - 865 without

Gym/Canteen $100.00

Kitchen Only $ 50.00

Café Only $ 50.00

Kitchen/Café $ 100.00 plus $100.00 deposit

Gym/Canteen/Kitchen $ 150.00 plus $100.00 deposit

**Make two (2) separate checks payable to the Town of White when deposit is required.**

**HOLD HARMLESS AGREEMENT**

I understand that my use of the Loon Lake Community Center is voluntary and that I am using if for my benefit only. I agree that my use of the Loon Lake Community Center facility is undertaken at my own risk and that the Town of White will not be liable for any claims, injuries, damages of whatever nature incurred by me or members of my organization due to the negligence of members if my organization, or the negligence of third parties. On behalf of myself and the organization that I represent, I expressly forever release and discharge the Town, its agents or employees, from any such claims, injuries or damages. I also agree to defend, indemnify and hold harmless the Town from any claims, injuries, or damages of whatever nature arising out of or connected with my use of the Loon Lake Community Center. I also agree to reimburse the Town for any damage, breakage, maintenance, theft of equipment beyond the security deposit figure if so warranted.

User/Representative Date

Approved By Date

For Office Use Only

Deposit $100.00 Date Paid\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_\_\_ □check □cash Date Returned\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Fee Paid \_ Date Paid\_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_\_\_ □check □cash Receipt#