

**YOUTH CENTER BUILDING REQUEST FORM**

**GUIDELINES FOR BUILDING USE**

Adult supervision of youths must be present at all times \* No smoking or use of alcohol allowed on building premises \* No discharge of firearms, firecrackers, or fireworks on building premises \* Report any damages or hazardous conditions to Chesterfield Township Parks and Recreation \* Assume responsibility for damages caused by the group \* No motor vehicles beyond the parking lot \* No weapons (guns, knives, etc.) allowed on premises \* Put away all tables and chairs used \* Clean any floors or surfaces used \* Serving area is only available upon request \* All personal items must be removed after use \* Chesterfield Township and Chesterfield Township Parks and Recreation is not responsible for lost or damaged property \* No animals allowed in building without written permission from the Chesterfield Township Parks and Recreation Department \* All building use must be pre-approved \* Comply with all Chesterfield Township ordinances including those pertaining to noise levels and public nuisances \* Properly arm/disarm building. If Chesterfield Township employees are called to the premises after regular working hours because the building is left unarmed, the user agrees to pay for all overtime expenses incurred \* Chesterfield Township reserves the right to change, amend or cancel this agreement as necessary \* Failure to adhere to the rules, regulations, and guidelines in this request for building use may result in the user group being permanently banned from using the facility at the discretion of the Chesterfield Township Board or Parks and Recreation Department.

Group/Organization Name: \_\_\_\_\_

Adult (21 or Older) Supervisor For Activity: \_\_\_\_\_

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

Day # (8AM-4:30PM): \_\_\_\_\_ Evening # (After 4:30PM): \_\_\_\_\_

Michigan Non-profit #: \_\_\_\_\_ Driver's License or ID #: \_\_\_\_\_

Day(s) & Date(s) Requested: \_\_\_\_\_

Time(s) Requested: \_\_\_\_\_

Activities Happening in Building: \_\_\_\_\_

*To the fullest extent permitted by law, the above named group or organization agrees to defend, pay in behalf of, indemnify, and hold harmless Chesterfield Township, its elected and appointed officials, employees, volunteers, and others working in behalf of Chesterfield Township against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Chesterfield Township, its elected officials, employees, volunteers, and others working in behalf of Chesterfield Township, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in anyway connected or associated with the above indicated activity and use of the Chesterfield Township Youth Activity Center during the above indicated days, dates, and times.*

*I hereby certify that I agree to all conditions listed above and on the reverse side of this document in order to assure a safe and healthy environment at the Chesterfield Township Youth Activity Center. I also certify that our group is a non-profit youth group with general membership consisting of and for children and young adults under 18 years of age serving Chesterfield Township.*

*Furthermore, I acknowledge that there is a \$20 key deposit refundable only after the key(s) are returned. Pick up and payment of deposit for a facility key will be at the Chesterfield Township Offices one working day prior to event date (Driver's License required). Key must be returned to the Chesterfield Township Offices the next business day following the event. The undersigned agrees that failure to return key on the specified date will result in forfeiture of deposit. Deposits received in the form of cash will be returned approximately 3-4 weeks after the key has been returned.*

*I have read and agree to adhere to the guidelines above.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

----- STAFF USE ONLY -----

Application Approved: YES or NO Date: \_\_\_\_\_

Parks and Recreation Director's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_