



CITY OF West Linn

will cause for cancellation of future privileges and for legal action including all costs incurred by the City for collection.

- 3. I have read, understand, and agree to comply with all the rules, regulations, policies, and fee schedules, as set forth by the City of West Linn. I further attest that I will be personally responsible for repair or damage to equipment, the facilities, and the grounds or for replacement of stolen equipment.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

I agree to be responsible for the conduct of our group in and about the facilities in use, for the control of noise, group participants, litter and damage beyond ordinary wear and tear, which may occur while we are occupying the premises. I further agree that use of the John Satter Community Room shall be in accordance with Policies and Procedures, local ordinances, and all valid laws of the State of Oregon. It is understood that I waive all claims and hold harmless the City of West Linn, its officers, employees, volunteers, and agents against all claims, damages, loss or expenses, including attorney's fees, arising out of or resulting from the use of this facility, unless the claim arises solely out of the City's own negligence.

Applicant must initial all four statements:

_____ I am over 18 years of age.

_____ I agree to adhere to all policies set forth by the City.

_____ All information, to the best of my knowledge, provided on this form is truthful.

_____ I have read and understand the City of West Linn Police Department Policy and Procedures for John Satter Community Room (JSCR).

Printed Name of Applicant: _____

Signed: _____ Date: _____

After-hours Access Card deposit: \$50.00
Cleaning Deposit: \$50.00
Total: \$100.00



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FOR OFFICE USE ONLY

Deposit Received by:

Check No. _____ OR

Credit Card Type: _____ CC# _____ CVV _____

Exp. Date _____ Name as appears on card: _____

Approval by: _____

Date: _____

After-hours access

card picked up by: _____

Date: _____

Post event inspection by: _____

Date: _____

Acceptable Unacceptable

If unacceptable (explain): _____

Status of cleaning/after-hours

Card deposit:

Check request made to Finance for \$ _____ Date: _____

Other: _____