



West Licking Joint Fire District

Training Room Reservation Agreement

Contact Person(s): _____ Event Date: _____

Address: _____

Organization: _____ Phone: _____

Attendees: _____ Fax: _____

Start Time: _____ End Time: _____

Comments/Details: _____

Rules & Regulations

1. The sponsored activity shall be confined to the area allowed by this permit;
2. No decorations are permitted;
3. This activity area shall be left in a clean and orderly condition;
4. The sponsoring organization must collect and remove all trash/debris from the premises, at completion of the activity;
5. Return all tables and chairs to the positions in which they were found;
6. The activity-sponsoring organization will be responsible for any and all damages;
7. No consumption of alcoholic beverages or drugs is permitted on the premises or in any West Licking Joint Fire District building;
8. Based on Licking County Health Department ruling, smoking is banned from any West Licking Joint Fire District building;
9. **NO WEAPONS OF ANY KIND shall be allowed on the premises;**
10. Facility usage will not be extended to groups or individuals who charge admittance or conduct business operations;
11. Regular group meetings are discouraged; however, the request for occasional facility usage by a group is allowable;
12. A charge will not be assessed for building usage; however, the sponsoring group shall be responsible for any and all damages incurred;
13. When cancellation of the facility is necessary, a notification to the West Licking Joint Fire District Office must be made five (5) days prior to the appointed date. Failure to notify the District Office, in advance, is in violation of this agreement and will result in the denial of future usage of this facility.

Waiver of Liability

The person or organization making this request agrees to indemnify and to hold harmless the West Licking Joint Fire District, their Agents, Employees and Officers from all liability, claims, demands, damages or costs arising out of the use of the facilities indicated above by the organization making this request, whether it is caused by the negligence of the organization making this request, or by the West Licking Joint Fire District, their Agents, Employees, Officers, or otherwise.

PRINTED NAME

SIGNATURE

DATE

OFFICE USE ONLY

Date: _____ Reservation by: _____ Posted to Calendar: ☐