CITY OF IONIA
DEPARTMENT OF PARKS AND RECREATION

ARMORY COMMUNITY CENTER
439 WEST MAIN STREET
IONIA, MICHIGAN 48846
PH: 616-523-1800

RENTAL CONTRACT

Reservation Request: Check Choice(s)

American Bumper Room, 1st level . . . . . ◯
Gymnasium, 2nd Level . . . . . ◯
Lions Room, 2nd Level . . . . . ◯

Rental Date(s) _____

Reserved Time ~ Start _____to _____ Approximate Event Attendance _____

Description of Rental Activity_____

Lessee Name (Print) _____

Home Phone_____ Cell Phone_____ Work Phone_____

Address _____ City_____ State ____ Zip Code _____

Name of Group/Organization _____

Waiver: In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me, my child, ward or heir to participate in any program(s) or event(s) pertaining to the City of Ionia, Department of Parks and Recreation of the Ionia School District, I the undersigned, or if under 18 my parent or guardian, INTEND TO BE LEGALLY BOUNDED HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHETHER BASED UPON NEGILGENCE OR ANY OTHER THEORY OF LAW, which I, my child, ward, or heir and our parents, guardians, heirs, executors, representatives, administrators and assigns may have against the City of Ionia, Department of Parks and Recreation, the Ionia school District, and any affiliates or subsidiaries, officers, directors, shareholders, agents, employees associated with said corporations and associations, the municipalities or with such programs or events, and their heirs, executors, representatives, administrators, successors, assigns, affiliates, officers, subsidiaries, directors, shareholders, employees or agents, FOR ANY AND ALL INJURIES OR DAMAGES INCLUDEING DISABILITATING INJURY AND/OR DEATH WHICH I, MY CHILD, WARD, OR HEIR MAY SUFFER while taking part in such programs or events as result thereof.

ALL PARTICIPANTS DO SO AT THEIR OWN RISK.

ALL FACILITY RESERVATIONS MUST BE PAID IN FULL AT LEAST 30 DAYS PRIOR TO RENTAL DATE.

OFFICE USE ONLY		PAYMENT OPTIONS		
American Bumper Room	$_____			
Gymnasium	$_____	Cash $_____	Check # _____	Paid? _____
Lions Room	$_____			
Security Deposit	$100.00	MC/VISA # _____	Exp. Date: _____	
Alcohol Permit	$50.00			
Total Due:	$_____	**Approved by**:_____	**Date**:_____	

Lessee Signature_____ **Date**_____

Print page, fill out, mail in, or drop off at Ionia Parks and Recreation Department.