

**VILLAGE OF LEXINGTON COMMUNITY CENTER**

6964 Huron Avenue, Lexington, Michigan 48450

**Rental Application and Agreement**

Mail/return all checks payable to:

Date: \_\_\_\_\_

Village of Lexington

7227 Huron Ave.

Lexington, MI 48450

Person/Organization applying for Use: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone# \_\_\_\_\_

Event Date: \_\_\_\_\_ Time of use From: \_\_\_\_\_ To: \_\_\_\_\_

Food Served: Yes\_\_ No\_\_

Alcohol Served: Yes\_\_ No\_\_

Deposit \$ \_\_\_\_\_ Due upon booking

Rental Fee \$\_\_\_\_\_ Due 10 business days prior to event

Total Due \$\_\_\_\_\_

The applicant acknowledges receipt of a copy of the Policies and Rules and agrees to comply with them.

**Insurance**

The Applicant shall provide, at its sole expense, liability insurance, including property damage, with a \$\_\_\_\_\_ limit and the Village of Lexington as additional insured.

**Indemnity by Applicant**

**Applicant shall indemnify the Village and save it harmless from and against any and all claims, actions, damages, liability and expense in connection with the loss of life, personal injury and/or damage to property arising from or out of the occupancy or use by Applicant of the premises or any part of the Village property occasional, wholly or in part, by any act or omission of Applicant, its agents, contractors or employees.**

**I, HEREBY, AGREE TO THE FOREGOING TERMS AND CONDITIONS OF THIS AGREEMENT**

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**BY** \_\_\_\_\_

**VILLAGE OF LEXINGTON, COUNTY OF SANILAC, MICHIGAN**

**DATE** \_\_\_\_\_