



100 Center St. McCammon, ID 83250
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CITY OF MCCAMMON

BUILDING and/or PARK USE AGREEMENT

This form is to be completed by all groups requesting use of a City facility for an event that is not a primary City function. The City reserves the right to cancel a scheduled use in the event of an anticipated violation of any rule, regulation, or law or if a governmental user requires the use of the facility. Any misrepresentation on the application may void any use of the facility.

PLEASE CHOOSE FROM THE FOLLOWING:

- The Depot; 802 Front Street
 North End South End Full Building
 The Conference Room; 100 Center Street
 Centennial Park; Logan Street
 The Little Park; Center Street

ORGANIZATION: _____

ORGANIZATION CONTACT:

Name: _____ Phone: _____

Address: _____

(Your refunded deposit will be mailed to this address)

DATE(S) OF MEETING(S): _____

Beginning at: _____ AM/PM Ending at: _____ AM/PM

ESTIMATED TOTAL ATTENDANCE: _____

PLANNED ACTIVITY IN DETAIL: _____

ADDITIONAL REQUIREMENTS (if applicable): _____

FACILITIES USE AGREEMENT: The undersigned applicant acknowledges that they have read this form and agree to the contents contained herein, that they have received a copy of the McCammon City Building Use Policy and agree to abide by all rules and regulations of the City of McCammon regarding use of City facilities, to hold harmless and indemnify the City of McCammon from any and all claims, losses, damages, actions, causes of action and liabilities of any kind or nature whatsoever which are directly or indirectly related to the use of the facilities described herein by the undersigned and any guests, friends, or invitees which result in injury or loss of property to any person using the facilities herein described. My organization/group will be responsible for the repair or replacement of any damages to the facility. My organization/group agrees to comply with the conditions set forth in the City of McCammon Building Use Policy. My organization/group agrees to meet ADA (Americans with Disabilities Act) requirements and to provide accommodations to access the meeting or program. Violation of the City's Policy or Rules will result in the loss of privileges to use City facilities.

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

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City Use Only

FEES AND DEPOSITS:

_____ Rental Fee (Nonrefundable)

_____ Deposit (Refundable Depending Upon Facility Condition)

_____ Fee Waived (Government Defined Users)

_____ **TOTAL**

REFUND:

___ Full ___ Partial _____ Refund Date _____ Check Number

Reasons for partial refund: _____

APPROVED BY: _____ **DATE:** _____