

**Sierra Joint Office on Aging
360 W. Fourth Street
Truth or Consequences, NM 87901
575-894-6641**

Rental Agreement

Name of Business, Organization or Applicant: _____

Date(s) of Event: _____ Time – From: _____ am/pm To: _____ am/pm

Contact Name _____

Contact Address: _____

Contact Phone: _____

Senior Recreation Center Rental Rates

1-4 Hours Senior Event No Kitchen	\$10.00
4-8 Hours Senior Event No Kitchen	\$20.00
Over 8 Hours Senior Event No Kitchen	\$25.00
Senior Event With Kitchen (all times)	\$100.00
1-4 Hours Private Party No kitchen	\$25.00
4-8 Hours Private Party No Kitchen	\$50.00
Over 8 Hours Private Party No Kitchen	\$100.00
Private Party With Kitchen (all times)	\$250.00

ALL above rates are subject to a deposit of \$250.00 EXCEPT when alcohol is being served when the deposit will be \$400.00. No alcoholic beverages are permitted in the Facility unless served by a vendor with a "picnic license". A list of vendors is available from the SJOA Executive Director. Any damage or cleaning required to the facility will be at renter's expense and renter agrees to reimburse the City of Truth or Consequences for any and all costs associated with said damage/cleaning. Upon satisfactory inspection of the facility by the City of Truth or Consequences, the deposit will be returned by the City.

Rental Fee: \$ _____

Damage/Cleaning Deposit \$ _____

Total Due City of Truth or Consequences 30 days prior to event: \$ _____

Signature: _____

Date: _____



Sierra Joint Office on Aging
P.O. Box 829
360 W. Fourth Street
Truth or Consequences, NM 87901
Phone: 575-894-6641 Fax: 575-894-3065

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for being allowed to use the facilities and property of the Senior Recreation Center (301 S. Foch Street, Truth or Consequences, NM) for the purpose of _____,

I hereby release and hold harmless Sierra Joint Office on Aging and the City of Truth or Consequences and any of their respective employees from any liabilities and claims arising from my participation in the aforementioned activity. I agree that I will never prosecute or in any way aid in the prosecuting of any demand, claim or suit brought against Sierra Joint Office on Aging and/or the City of Truth or Consequences or any of their employees or officers acting officially or otherwise, for any loss, damage or injury to my person or property that may occur from their negligence as a result of me taking part in any activity associated with the aforementioned event. I accept full responsibility for the cost of treatment for any injury. I also understand and agree that I may be held liable for any damage or loss that is caused by my own negligence, gross negligence, willful misconduct or fraud. I also understand and agree that I may be held liable for any damage or loss to any third party that is caused by my own negligence, gross negligence, willful misconduct or fraud. I understand that any event of this nature involves a level of risk.

I understand that this event is being run, staffed and supervised by me or person(s) named by me.

Name: _____
(Please Print)

Signature: _____

Date: _____