

## DMHA Banquet Room – Facility Use & Liability Waiver Agreement

EVENT Date: \_\_\_\_\_ Type of Activity: \_\_\_\_\_

Name/Organization Renting: \_\_\_\_\_

Address for deposit refund \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Open Request Time: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ End: \_\_\_\_\_ (NLT 11PM)

### Liability Waiver

I affirm that I have **read and understand** the Downingtown Masonic Home Association **RULES & REGULATIONS** for use of the facility. I further affirm that I am authorized to act on behalf of the group identified above and that on behalf of the group do affirm that we shall **be responsible for any and all damages to the facility, equipment, building and property inflicted as a result of our activity**. I further affirm on behalf of the group that our group shall hold the Downingtown Masonic Home Association & Williamson Masonic Lodge 309 **harmless for any liability claims** arising out of the use of the facility. **I understand all trash, decorations and items brought must be removed at the conclusion of the event. I understand that the facility must be reasonably cleaned at the conclusion of the event.** I also understand any use of alcohol, if permitted, will be strictly controlled as prescribed under the laws of Pennsylvania. Failure to do so, or violation of the Rules and Regulations will result in immediate eviction from the premises. Eviction will result in **forfeiture of all fees** and security deposits.

Rental Fee: \$350/5hr + Security Deposit: \$200 = Total: \$ \_\_\_\_\_  
**Deposit Due at Signing**, any remaining Balance due 5 days prior to event.

Renter's Signature: \_\_\_\_\_ BALANCE DUE DMHA \$ \_\_\_\_\_

DMHA Rep.: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** 1 Facility **not handicap accessible** 2 non-smoking facility.  
3. Recommend the renting party **obtain Liability Insurance**.



**Please make checks payable to DMHA**