





**CommunityCare**  
NORTHUMBERLAND

## Community Care Northumberland Address of Location

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### Permit for the Rental of Community Care Office Facilities

Name of Organization:

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Name of Applicant:

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

\_\_\_\_\_ Business: \_\_\_\_\_

Date(s) required:

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Rental Hours – From: \_\_\_\_\_ To: \_\_\_\_\_

Nature of Gathering:

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Areas to be used:

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Additional Notes:

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Fee: yes \_\_\_\_\_ no \_\_\_\_\_ amount \$ \_\_\_\_\_

Receipt of office key & alarm procedures: \_\_\_\_\_

Returned Key: \_\_\_\_\_ (please initial) Date: \_\_\_\_\_

Details of Liability Insurance: Company \_\_\_\_\_ Policy Number \_\_\_\_\_



## Emergency Checklist

1. Telephone & list of emergency numbers: \_\_\_\_\_
2. Reviewed exits and emergency exits: \_\_\_\_\_
3. Fire Alarms and extinguishers: \_\_\_\_\_
4. First aid kit: \_\_\_\_\_
5. Location of cleaning supplies: \_\_\_\_\_

## User Responsibilities:

1. Applicants shall be responsible for the conduct and supervision of all persons admitted to the facilities and shall see that regulations are observed.
2. The facilities must be left in the same condition as they were before occupancy (dishes used washed, sinks rinsed, etc.). Any additional cost for extra janitorial services will be charged to the organization.
3. Only the room and equipment specified in the permit shall be used. The room should be left in the set-up before rental (i.e. chairs stacked, tables returned to previous location)
4. A key for the front door and code for the alarm system will only be issued to one person per rental group. This key and code must be kept secure and confidential and is not to be shared with any other member of the rental group for security and confidentiality purposes. The group is responsible for any charges related to false alarms because of incorrect use of the alarm system. Replacement costs for the loss of keys will be the responsibility of the user.
5. Applicant accepts liability for all damages arising out of bodily injury sustained by persons under his/her charge and property damage done by persons under his/her charge or through the applicant's neglect. Community Care Northumberland is not responsible for any personal property on premises.
6. Applicant waives all rights of action against Community Care Northumberland **and** agrees to indemnify Community Care Northumberland from any actions or causes of actions against Community Care Northumberland taken by any person under his/her control.
7. Priority for rental permits will be given to activities sponsored by Community Care Northumberland. Community Care Northumberland reserves the right to cancel any permit.
8. Violations of any of these conditions may result in cancellation of the rental contract.

Note 1. The premises are designated as a No Smoking building.



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**These signatures verify that the applicant has reviewed the emergency check list and acknowledges their user responsibilities.**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director/Program Manager:** \_\_\_\_\_

*\* Additional items may be added depending on office location.*