Commonwealth of Kentucky

# City of Oak Grove

CITY HALL
P.O. Box 250
8505 Pembroke Oak Grove Rd
Oak Grove, KY 42262

Jackie Oliver, Mayor * Lee Wilson, City Attorney
REVISED 4/2/25

CITY ATTORNEY
P.O. Box 460
635 Trade Ave
Eddyville, KY 42038

## COMMUNITY CENTER RENTAL AGREEMENT

**General Terms**

-The renter must be at least 18 years of age and be present throughout the entire event.
-Alcohol is not allowed in the Center or on the grounds of the Center.
-The renter assumes all responsibility for any damage to the facility.
-Renters assume all responsibility for any injuries to their guests during the event.
-Pools, water balloons/guns, and slips and slides are not authorized for your event.
-The renter is responsible for cleaning up and removing trash after the event. Cleaning supplies and trash bags will be provided.
-The City has 14 working days to return your deposit upon Refund Approval.
-All Deposits and Rental Fee's must be paid PRIOR to your event.

## COST OF RENTAL

**Community Room (Capacity 30)**

_____ Monday-Thursday Rental Fee

$150.00 with a $ $150.00 Deposit.

_____ Friday – Saturday Rental Fee

$200.00 with a $150.00 Deposit

**Gymnasium (Capacity 175)**

_____ Monday-Thursday Rental Fee

$250.00 with a $ $250.00 Deposit.

_____ Friday – Saturday Rental Fee

$300.00 with a $250.00 Deposit

~~**Wade's Way Park**_____ Bathroom Key Deposit – $75.00 (Refundable)~~

_____ I, the undersigned, representing myself and or the Organization renting the facility, do hereby agree to be bound by and comply with all the terms listed in the OGCC Rental Agreement. I agree to be present and responsible during the event. Further, I accept responsibility for damage caused to the building, equipment, furnishings, and surrounding area.

_____ I acknowledge and accept that my deposit will be forfeited if my event exceeds the designated time.

_____ I acknowledge and accept that my deposit will be forfeited if any damages occur during my event. Furthermore, I understand and accept that I will be responsible for any damages that exceed my deposit amount.

_____ I understand and agree that OGCC, the City of Oak Grove, and its employees shall not incur any liability for any injury to persons or damage to property experienced using this facility. I further agree that the City shall be held harmless for all liability arising from the renter's use of OGCC or any other City facility or property.

_____ I agree that violations of any of the terms of this agreement may revoke the rental contract without notice and result in immediate removal from the premises.

_____ I acknowledge that if I cancel my reservation at least 7 days prior to the event, I am eligible for a full refund. I understand that if I cancel my reservation within 3-6 days prior to the event, I will only receive 50% of the refund. I further understand that if I cancel on the day of the event, I will forfeit the full refund.

**FILL OUT THE FOLLOWING INFORMATION**

**Renter's Name:**_____ **Phone#** _____

**Address:**_____

**Purpose of Rental:**_____

**Event Date:**_____ **Hours Needed:**_____

**Room Needed:** **Community Room:**_____ **Gymnasium:**_____

**# of Tables Needed:**_____ **# of Chairs Needed:**_____

**Additional Information:**_____

**Signature of Renter:**_____

**Director's Signature:**_____

**OFFICAL USE ONLY:**

**Deposit Total**_____ **Paid on:**_____ **Cash - Check - Credit Card**

**Rent Total** _____ **Paid on:**_____ **Cash - Check - Credit Card**

**Grand Total** _____ **Paid on:**_____ **Cash - Check - Credit Card**

**REFUND:**

**Approved Signature**_____ **Date:**_____

**Refund Denied:**_____ **Date:**_____

**Reason for Denial:**_____

_____