

LIABILITY AGREEMENT FOR USE Of Hambden Township Hall

DATE RESERVED _____ **TIME*** _____

***Please note:** Please allow time for set up and clean up.

TYPE OF FUNCTION _____

GROUP NAME, If applicable _____

I, the undersigned, understand that the Hambden Township Town Hall will be reserved for use by **Hambden Township Resident** _____ at the cost of \$50.00. A refundable security deposit of \$100.00 and the \$50 rental fee is due at time of reservation. (SEPARATE CHECKS) Proof of residency must be shown. I agree to observe all conditions below. If I do not observe the following conditions, I will not be refunded my security deposit.

KEY IS AVAILABLE IN KEY LOCK BOX BY MAIN DOORS WITH SPECIAL CODE.

PLEASE SELECT A PERSONAL CODE ON PAGE TWO.

THE CODE IS NOT ACTIVE FOR USE UNTIL DAY OF RENTAL.

**Failure to return the key to the lock box at end of rental day
will result in your loss of future hall rentals and your security deposit.**

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

_____ **YES**, the wheel chair lift is needed. I will make an appointment to stop in prior to my event for training on the operation of the lift.

_____ **NO**, I do not need the wheel chair lift and decline the training on the operations of the lift.

Please read and initial all of the following items:

_____ No alcoholic beverages or animals shall be permitted on the premises. Smoking is ONLY permitted outside the building in the posted smoking area on the far side of the parking lot. If tobacco butts are found on the ground by the doors or in the parking lot, your security deposit will be forfeited for clean-up.

_____ No commercial fundraising is permitted; however, nonprofit groups are excluded from this restriction.

_____ Hambden Township hall rental date will only be held for 5 business days after rental request. ***If the fee and deposit are not received within five business days, the rental reservation will be cancelled.*** The Township shall not be held liable for loss of reservation due to failure to pay the fee after 5 business days.

_____ The reserving resident is responsible for normal cleanup procedures: tables/chairs put away, and floor swept. Any spills are to be cleaned up with the Swiffer provided. No heavy mopping or water should be used on the floor. All trash is to be removed from the Hambden Township property. Use of the school or park dumpster is prohibited. Please check bathrooms for cleanliness. Trash bags are your responsibility; the township does not supply them.

_____ **Nothing can be hung or adhered to from any surface in the Hambden township hall, including walls, doors, moldings, ceiling, fans etc.** This including but not limited to tape, tacks, nails, tack putty, string and glue.

_____ The undersigned agrees to pay for any damage to the Hambden Town Hall building and/or Township property and also agrees to pay replacement costs for any missing items. In addition, the undersigned individual agrees to pay for damages and labor to cleanup or repair if the Town Hall and/or Township property is left in unsatisfactory condition, if it exceeds the \$100.00 security deposit.

_____ Individuals causing harm to Town Hall property may be denied use of the facilities in the future and may be subject to any legal action pursuant to any damages, at the discretion of the Hambden Township Trustees.

_____ The undersigned understands and hereby acknowledges that the Board of Trustees of Hambden Township shall not be responsible or liable for personal injury, property damage or theft of property occurring to persons or their guests and invitees, while using the Township Hall for their personal matters, or for matters unrelated to the business of the Hambden Board of Trustees. **Signature is required on the “Hold Harmless Clause” attached addendum #1 and returned with this package.**

_____ Use of kitchen is restricted to the stove, microwave, sink/counters and refrigerator. All other items and appliances are not to be used. They are the property of the employees.

_____ Tables and Chairs and the Table/Chair Carts are not to be removed from the building. Table and Chair carts are not to be removed from the room.

_____ Before leaving the hall after your event, please close the door to the kitchen, bathrooms and the town hall as these are fire doors and are to remain closed whenever not in use.

_____ Undersigned is responsible for turning off all lights and locking all exit doors before leaving the building.

_____ The Hall Rental Fee of \$50.00 and the Security Deposit of \$100.00 is refundable if Hambden Township is given a minimum 30-day notice of cancellation.

_____ The Security Deposit of \$100.00 is subject to refund if Hambden Town Hall is left in good condition and all rules have been followed. Allow up to 10 business days for deposit return.

_____ I have read and understand the attached recommendations from the Geauga Public Health District Commissioner.

SIGNATURE _____ **PHONE** _____

ADDRESS _____ **DATE** _____

Personal Key Lock Box Code: _____
CODE CAN NOT BEGIN WITH A “0”

HOLD HARMLESS CLAUSE
Township of Hambden, Geauga County

Hambden Township Resident _____ agrees to indemnify
Please Print Name
and hold harmless the Township of Hambden, its agents, employees or any other person against loss or expense, including attorney's fees, by reason of the liability imposed by law upon the Township, except in cases of the Township's sole negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any person or persons, or on account of damage to property arising out of or in consequence of this agreement, whether such injuries to persons or damage to property are due or claim to be due to any passive negligence of the Township its employees or agents or any other person.

Signature

Date

BY ORDER OF THE HAMB DEN BOARD OF TRUSTEES: Revised June 17, 2021

(Office Use)

Date Agreement Mailed _____ Date of Hall Rental _____

Hall Rental Fee \$ _____ Cash/Check # _____ Date Received _____ Rec'd by: _____

Security Deposit \$ _____ Cash/Check # _____ Date Received _____ Rec'd by: _____

Amount Refunded \$ _____ Date of Refund _____ Approved by: _____

Signature of person receiving refund: _____ Date Rec'd _____
or

Check VOIDED and returned by mail on: _____

Geauga Public Health recommendations

The following is the complete list of current Geauga Public Health recommendations. They are intended to continue progress at reducing the number of COVID-19 cases in the county. Our case rates remain higher than at any point prior to mid-October last year. Vaccinations are extremely helpful but only 45% of Geauga County residents are fully vaccinated at this time and efficacy drops over time.

Vaccination:

- Geauga Public Health recommends that all people 12+ years of age get vaccinated to prevent the more severe outcomes of getting COVID-19 unless it is medically contraindicated.
- You are fully vaccinated only if it has been at least 2 weeks since your final dose of any COVID-19 vaccine.

If you are not fully vaccinated:

- People who are not fully vaccinated should continue to wear a mask when around non-household members unless there is a physical or mental health contraindication.
- Maintain >6ft of distance from non-household members wherever feasible. A minimum of 3ft is acceptable where 6ft is not possible, e.g. in a classroom.
- Quarantine of at least 10 days following exposure to a known case. Quarantine may end if it has been 10 days AND at least 24 hours with no symptoms.
- If the exposed person had been diagnosed by a clinician as having COVID-19 in the past, quarantine does not need to occur if the exposure occurred less than 90 days following recovery from the previous diagnosis. Exposure beyond 90 days since recovery should result in a quarantine period as described.

If you are fully vaccinated:

- Please continue to wear a mask when in crowded environments if possible.
- The vaccine is very effective but it is not 100%. It is estimated to be effective for all but 1 in 20 (95%) of those who receive it. In crowds, we can assume that some who are vaccinated may not be protected as a result.
- It is impossible to know who is vaccinated and who is not. We can expect some commonality between those who refuse to wear masks and those who do not want to get vaccinated.
- The immunity gained by the vaccine wanes over time and researchers are not yet sure how long immunity lasts.
- Quarantine of at least 10 days following exposure to a known case. Quarantine may end if it has been 10 days AND at least 24 hours with no symptoms.
- If the exposed person had been fully vaccinated within the last 6 months, **quarantine does not need to occur.**
- If the exposed person had been fully vaccinated but it has been more than 6 months earlier, **quarantine should occur.**

Recommendations will be updated when we see that a minimum of 70% of the total county population are fully vaccinated or when we experience a two-week county COVID-19 incidence rate of less than 50/100,000 population for 14 consecutive days.