



**CORPORATION OF THE TOWN OF SMITHS FALLS**  
Community Services Department

**FACILITY RENTAL AGREEMENT**

<b>Name of Organization:</b> (if applicable)			
<b>Contact Name:</b>		<b>Email:</b>	
<b>Phone Number:</b>		<b>Cellphone Number:</b>	
<b>Address:</b>		<b>Postal Code:</b>	
<b>Date/s Requested:</b>			
<b>Time/s Requested:</b>			

**Facility** (please check all that apply)

<b>Community Centre</b>		<b>Lower Reach Park</b>	
Ice <input type="checkbox"/>	Ball Diamond <input type="checkbox"/>	About Field <input type="checkbox"/>	Madden T-Ball <input type="checkbox"/>
Floor <input type="checkbox"/>	Tennis Courts <input type="checkbox"/>	Soccer Field #1 <input type="checkbox"/>	Friendship Park <input type="checkbox"/>
Hall <input type="checkbox"/>	Freestyle Court <input type="checkbox"/>	Soccer Field #2 <input type="checkbox"/>	Picnic Shelter <input type="checkbox"/>
Lounge/Bar <input type="checkbox"/>	Gerry Lowe Rink <input type="checkbox"/>	Soccer Field #3 <input type="checkbox"/>	Basketball Courts <input type="checkbox"/>
Walking Course <input type="checkbox"/>		Rockburn T-Ball <input type="checkbox"/>	Tennis Courts <input type="checkbox"/>
	<b>Parks</b>		Volleyball Court <input type="checkbox"/>
<b>Youth Arena</b>	Centennial <input type="checkbox"/>	<b>Buildings</b>	<b>Civitan Ball Diamonds</b>
Ice <input type="checkbox"/>	Murphy <input type="checkbox"/>	Murphy Park Building <input type="checkbox"/>	Ball Diamond #1 <input type="checkbox"/>
Floor <input type="checkbox"/>	Kinsmen <input type="checkbox"/>	Walton Shelter <input type="checkbox"/>	Ball Diamond #2 <input type="checkbox"/>
Hall <input type="checkbox"/>	Water Tower <input type="checkbox"/>		
	Victoria <input type="checkbox"/>	<b>Hyland Field</b> <input type="checkbox"/>	
		<b>Corbet Field</b> <input type="checkbox"/>	

**Licensed Event?** (Hall Events ONLY) **NO**  **YES**  If yes, what hours do you require **Start** \_\_\_\_\_ **End** \_\_\_\_\_

**Certificate of Insurance included:** **NO**  **YES**

By signing below, you have read and agree to abide by the regulations and conditions as outlined in Schedule "A" attached and hereby save the Town of Smiths Falls its officials, agents, and staff harmless from any/all claims arising out of the use there of.

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

OFFICE USE ONLY			
<b>Rental Fee:</b> \$ _____	<b>Additional Fees:</b> \$ _____	<b>HST:</b> \$ _____	<b>Total:</b> \$ _____
<b>Invoice #</b> _____	<b>Invoice Sent:</b> YES <input type="checkbox"/>	<b>Invoice Paid:</b> YES <input type="checkbox"/>	<b>Method:</b> _____

The Town of Smiths Falls  
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Telephone: 613-283-4124 Fax: 613-284-8052

**Art Manhire**  
Director  
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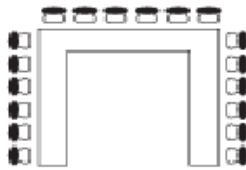
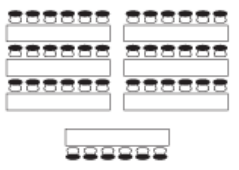
**Tana Torch**  
Booking and Administration Clerk  
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613-283-4124 ext. 6103

**Nick Pilon**  
Program Development Clerk  
npilon@smithsfalls.ca  
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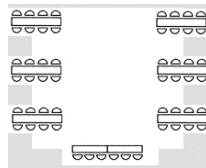
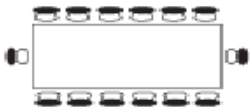
**Hall Set up Options:** Please checkmark which option you would like.

**Please note:** If you wish to have a different set-up, fees may be applied. Once room has been set up for your event, room style changes will be subjected to a reconfiguration fee.

**Option #1: Classroom Style**  **Option #2: U-Shaped**  **Option #3: Theatre Style**

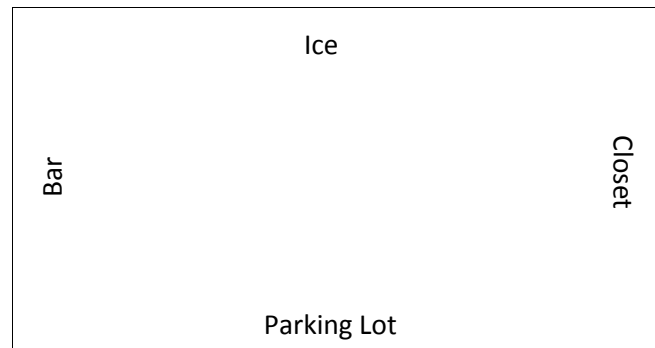


**Option #4: Boardroom Style**  **Option #5: Banquet Style**  **Option #6: Other**



Please draw in space below how you would like your space set up.

Please use space provided to draw your set up:



How many chairs do you require?

How many tables do you Require?

**Equipment Requirments**

- Podium
- Screen
- Microphone

**Other Special Instructions**

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

## Schedule "A"

1. The permit must be signed and returned to the department prior to facility rental including the applicable rental fee and all required documentation such as Commercial General Liability Insurance (if required).
2. All rental fees are payable in advance to the Town of Smiths Falls in order to confirm your booking. This includes any additional requests for equipment or resources. There will be an interest charge of 1.25% per month will accrue to overdue accounts.
3. Cancellation Policy:
  - a. Pre & Post Season Ice once booked is non-refundable
  - b. Regular Season users must return any ice by September 1<sup>st</sup> for the season
  - c. Occasional bookers will be confirmed once payment has been received. Non-Refundable.
4. The Community Services Department reserves the right to alter or can cancel this rental application/agreement due to special events, play-offs or for unforeseen circumstances, with reasonable notice to applicant.
5. The permit holder is responsible for the security of personal, team, league or other belongings on the premises while renting the facility. (ie. Dressing rooms, halls, kitchen etc.). The Town of Smiths Falls will not be responsible for personal injury or damage or for the loss or theft of any article of clothing or equipment while renting the facility.
6. The permit holder is responsible for any damages to premises, furnishings, lighting and other such property while the permit is in effect. The permit holder will pay for any damages or replacement or equipment, furnishings etc. during the rental period.
7. The permit holder is responsible for the behaviour of the participants within the organization as well as any team they may be playing (ie. Hockey, baseball, basketball, etc. games/tournaments while using any of the Towns facilities.
8. Hall, Floor, and Kitchen facilities are available in both arenas. The permit holder is responsible for any service providers (caterers etc.) including dishes, linens, pots and pans etc. Licensed events (special occasion permits or the town run bar service) by the renter are required to follow Alcohol and Gaming Commission guidelines.
9. Smoking, vaping (e-cigarettes) or use of cannabis (medical or recreational) are prohibited and strictly enforced in all municipal facilities including parks and any public space where children may be in attendance.
10. There will be no consumption of alcoholic beverages in any area that is not licensed by the Alcohol and Gaming Commission. Alcohol may not be brought into any town owned facility.
11. Commercial General Liability Insurance issued on an occurrence basis for an amount of not less than \$5,000,000 per occurrence / \$5,000,000 annual aggregate for any negligent acts or omissions by the contractor relation to its obligations under this Agreement. Such insurance shall include but is not limited to bodily injury and property damage including loss of use; personal injury and automobile; broad form property damage; owners & contractors protective; occurrence property damage; products & completed operations; employees as additional insured; contingent employers' liability; tenants' legal liability; cross liability; severability of interest clause and injury to participate.

Such insurance shall add the Corporation of the Town of Smiths Falls as Additional Inured subject to a waiver of subrogation with respect to the operations of the facility user.