



Clayton Community GYM & Meeting room

RENTAL Application/Agreement

NAME OF ORGANIZATION \_\_\_\_\_ Non Profit # \_\_\_\_\_

YOUR NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DESIGNATED PERSON IN CHARGE OF ACTIVITY (if different from applicant)

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

TYPE OF ACTIVITY \_\_\_\_\_ BOYS AND/OR GIRLS \_\_\_\_\_ AGE GROUP \_\_\_\_\_

WILL ANY SPECIAL EQUIPMENT BE BROUGHT IN? (I.E, MICROPHONES, LOUDSPEAKERS, AMPLIFIED SOUND SYSTEM) IF YES EXPLAIN:

[ ] YES [ ] NO \_\_\_\_\_

WILL THERE BE AN ADMISSION CHARGE AND/OR ENTRY FEE? [ ] YES [ ] NO

IF YES, HOW MUCH ADMISSION \_\_\_\_\_ ENTRY FEE \_\_\_\_\_

ANTICIPATED ATTENDANCE \_\_\_\_\_ WILL THE SCOREBOARD BE NEEDED? [ ] YES [ ] NO

DATE OF USE (YOU MAY ATTACH ADDITIONAL SHEETS, IF NECESSARY.)

DATES: \_\_\_\_\_ TIME: \_\_\_\_\_ to \_\_\_\_\_

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THIS IS A WAIVER AND RELEASE. READ IT CAREFULLY BEFORE YOU SIGN IT

Gym Rate per hour is \$65 for Non-profit organizations, \$75 for all others. Meeting room rate per hour is \$40.

This document must be signed and returned to AOSL. You can fax this form to 925-672-4303.

My signature certifies that I have read the conditions as set forth by the All Out Sports League Club governing the use of the facility specified above; that I will take responsibility for seeing that the use of this gymnasium by the organization/group I represent is in full adherence and compliance with these conditions; that I will hold the All Out Sports League harmless from any damage, claim for damage for personal injury or death, damage to or loss of property incurred in the use of this facility; that if there are any minors in the group using this facility, I will accept full responsibility for them throughout the period covered by this Application Permit. AOSL is an independent contractor and is not acting or serving as an agent of the City of Clayton. I HAVE READ THIS RELEASE CAREFULLY. I UNDERSTAND AND ASSUME THE RISKS INVOLVED. BY SIGNING, GIVE UP MY RIGHT TO SUE.

Date: \_\_\_\_\_ Application Signature: \_\_\_\_\_

5433 Clayton Rd, Ste K, #196, Clayton Ca 94517 (ph) 925-203-5626 (fax) 925-672-4303

All Out Sports League is a 501(c)(3) non-profit organization Tax ID #90-0433354

www.alloutsportsleague.com