Room Rental Agreement

Please Read Carefully Before Signing

PLEASE NOTE: Your signature in the room reservation application indicates that you received a copy of this Room Rental Agreement, have read the Rules and Regulations detailed herein, and accept and agree to be bound by them.

Mountain Resource Center welcomes the public use of its meeting facilities in keeping with the MRC's vision, "A community that is healthy, secure, and connected."

The rooms available for rental are: **The Tillotson Room - Capacity 130**
The Kitchen - Separate fee applies

Please calculate your room fee on the attached Room Fee Calculator.

An application for the use of the meeting room(s), signifying understanding of and intent to comply with this agreement, signed by an authorized representative of the requesting organization (the "Applicant"), shall be submitted to MRC Staff at least 2 weeks prior to the date for which use of the meeting room is requested. *An application is approved when signed by MRC Staff.* The room use fee and refundable deposit are due within 7 days after approval.

The refundable deposit will be forfeited if the reservation is not cancelled at least **48 hours** in advance of the time/date of the reservation.

Meeting Room Priority and Scheduling

Please be advised that MRC-sponsored events have priority. When scheduling conflicts exist, priority will be given to MRC events. This policy applies to standing reservations as well as one-time reservations.

Meeting Room Rules and Regulations

All fire and building codes must be followed. Attendance shall not exceed the capacity limits set out above. All meetings must conform to all local, state and federal laws and regulations.

A representative of the applicant, over the age of 18, must be in attendance at the event. The representative is responsible for the conduct of the attendees and for assuring compliance with these Rules and Regulations.

The ONLY meeting rooms available to the attendees include the following: Tillotson Room on the main floor, Kitchen area (if added on), Lobby for entry, and lower-level bathrooms. Groups are NOT permitted in any other location in the building, unless prior approval has been given.

No activity is allowed that creates excessive noise or otherwise disturbs the normal affairs of the MRC.

The use of open flames or candles in the meeting room is prohibited.

The electrical capacity of equipment used may not exceed circuit limits.

No object, poster, or writing, etc. may be placed on walls.

Neither the name nor address of MRC may be used as an official address or headquarters of any Applicant.

No signs may be posted inside or outside the MRC premises without prior permission of MRC Staff.

Copies of all proposed advertising materials shall be provided with this application.

Room Set-Up and Equipment

Room set-up and cleanup is the responsibility of the Applicant. The Applicant must clean up the meeting room and return it to the condition in which it was found. (A diagram is posted at the front of the room, and a checklist is included in this agreement.) A charge will be assessed for any special cleaning or repairs made necessary by a group. All trash must be removed.

Any damage to or loss of A/V equipment or MRC property will be assessed at a fee of $500.00 and up.

MRC will not take responsibility for materials left by an Applicant.

Food & Trash

The arrangements for food delivery are solely the responsibility of the Applicant. In addition, it is Applicant's responsibility to handle set up and cleanup of the facilities used, including the kitchen. Charges will be assessed if room is left in an unsanitary condition. **All trash, garbage and recyclables must be placed in the appropriate containers and removed at the end of the rental period.**

Alcohol & Smoking

Alcoholic beverages and smoking are prohibited in all MRC facilities and on the premises, including the upper and lower parking lots. If cigarette butts are found on the premises, the applicant will be assessed an additional $100.00 cleaning fee.

American Disabilities Act (ADA)

Organizations utilizing the meeting rooms are considered a public accommodation under the Americans with Disabilities Act (ADA) and are therefore responsible for providing auxiliary aids and services in compliance with the ADA.

Security and Parking

MRC assumes no responsibility for security during meetings/events. For all events taking place during daytime/weekday hours, parking is only available in the lower lot, except for the two designated handicapped parking spaces in the upper lot. Anyone parking in any other spots in the upper lot during daytime/weekday hours may be towed. The upper lot is only available for parking after 5pm or on weekends. The upper parking lot is lit at night.

Cancellations

Cancellations must be received **48 hours** priorto the scheduled event or program. MRC will not be responsible for any damages or costs resulting from the cancellation of meetings due to the MRC closing for weather or other emergencies.

MRC retains the right to cancel a reservation for a meeting room to accommodate operations. If cancellation is necessary, MRC will notify the applicant. MRC reserves the right to revoke permission to use any meeting room for any group or organization that violates or refuses to comply with the Rules and Regulations established in this agreement for use of the meeting rooms.

Termination

This Room Rental Agreement can be terminated in whole or in part by either or by both Parties without cause. Written notice of termination shall be given in writing to both parties prior to dissolution.

Tillotson Room/Kitchen Clean Up Checklist

Event: _____ Date: _____

Kitchen	
Sweep floor (mop if necessary)	
Garbage/recycling emptied	
Counters washed	
Run dishwasher (if needed)	
Empty dishwasher after use (if applicable)	
Kitchen utensils, etc returned to appropriate place (counters should be clear of items)	
If food is left out on counters or in fridge, take care of it at end of business day (discard, take home, etc)	
Fridge doors are closed and ovens are off	
Wipe out microwave	
Wipe handles clean on microwave and fridge	
Sink has been wiped clean and is free of dishes, pots/pans, etc	
Towels, dishrags will need to be laundered and returned to site (if applicable and multiple items were used – we do not have laundry service)	
Clean cabinet faces and handles as needed	
Tillotson Room	
Tables/chairs returned to standard set (pic posted at front of room)	
Floor vacuumed	
Tables wiped clean	
Garbage and recycling removed	
Fireplace turned off	
Windows and outside doors should be closed	
Any décor from event should be removed from the space	
If afterhours, lights turned off and doors locked	

Thank you for your cooperation!

Tillotson Meeting Room Reservation Application

Completion of this reservation form signifies understanding of and intent to comply with the terms of the room rental agreement. Review the agreement first, then complete all of the fields in this form.
Once submitted, your application will be reviewed for approval.

APPLICANT / ORGANIZATION INFORMATION

Name of Applicant / Organization:

Address:

Phone: Email:

Reason for Room Rental:

Name of Applicant's Representative:

Address (if different from organization):

Phone: Email:

RESERVATION DETAILS

Reservation Date(s):

Start Time: End Time:

Please be advised that MRC events have priority. When scheduling conflicts exit, priority will be given to MRC events.

Anticipated Attendance *(130 max)*:

Applicant's Designated Responsible Individual to be in attendance at the event:

Name: Title:

Phone: Alternative Phone:

ROOM FEES

	For-Profit	Non-Profit*
Use Per Hour for 1-3 Meetings	$70.00	$35.00
Refundable Deposit for 1-3 Meetings	$150.00	$150.00
Use Per Hour for 4 or More Meetings	$50.00	$25.00
Refundable Deposit for 4 or More Meetings	$300.00	$300.00
Kitchen Use (additional charge, per meeting)	$100.00	$100.00

** To qualify for the Non-Profit rate, proof of non-profit status is required.*

ROOM FEE CALCULATOR

Select your organization type and meeting frequency — fees and totals will calculate automatically.

Type of Organization	Select...
Meeting Recurrence	Select...
Hourly Rate *(auto-calculated)*	
Number of Hours Per Meeting	
Number of Meetings	
Kitchen Use	Select...
Kitchen Use Cost *(auto-calculated)*	$0.00
Total Room Use Fee *(auto-calculated)*	
Refundable Deposit *(auto-calculated)*	

It is hereby understood and agreed, if this application is granted, the undersigned Applicant assumes all and exclusive responsibility for the preservation of order and the sole and exclusive liability for any injury to persons, and any damage to, or loss of property that may result from this use; and for the due observance of all rules and regulations of Mountain Resource Center. The Applicant agrees to indemnify MRC and its employees, staff, volunteers, and directors and to save and hold the same harmless against all claims, demands, damages, costs, and expenses including reasonable attorneys' fees, for the defense of any and all claims arising out of Applicant's use of the MRC facilities.

It is ALSO understood and agreed that Applicant has read the Room Rental Agreement detailing the Rules and Regulations governing the rental of the room(s) and that the condition contained therein will be observed. **If applicable, payment must be received promptly once you have received confirmation that your application has been approved.**

Signature of Applicant's Executive Officer/Representative: _____

Organization: _____ Date: _____

Please attach, if applicable: Non-Profit Proof of 501c3 Status_____ Copies of proposed advertising materials_____

A representative from MRC will be in contact if your application is approved to gather payment information.

Return this room reservation application and attachments to:
Mountain Resource Center
info@mrcco.org

CONFIRMATION OF RESERVATION
MRC Staff Use Only

Reservation is hereby approved and confirmed of the space required as indicated above

Authorized Staff Signature:_____Date: _____

- **ROOM USE FEE** Payment of $_____has been received._____(staff initials) Date: _____

  Cash_____Check_____

  Credit Card_____Exp._____CVC_____

  Name on Card_____Zip Code_____

- **DEPOSIT** Payment of $_____has been received._____(staff initials) Date:_____

  Cash_____Check_____

  Credit Card_____Exp._____CVC_____

  Name on Card_____Zip Code_____

Deposit Refunded:_____