

BOARD OF TRUSTEES of CANTON TOWNSHIP

Stark County, Ohio

TRUSTEES

Mark R. Shaffer
Christopher Nichols
Keith Hochadel

TOWNSHIP ADMINISTRATION OFFICE

4711 CENTRAL AVENUE SE
CANTON, OHIO 44707
PHONE: 330-484-2501
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FISCAL OFFICER

John Ring

Canton Township Community Center

210 – 38th Street SE
Canton, OH 44707
330-484-6165

Gym Request Form For Athletic Teams

Name of Requesting Person: _____ Phone: _____

Address: _____ Email: _____

Alternate Team Contact Name: _____ Alt. Phone: _____

Name of Requesting Team (if applicable): _____

Team Age Group: _____ Date Gym Needed: ___ / ___ / ___ to ___ / ___ / ___

Name of League Affiliation (if applicable) _____

Did your team utilize a Canton Township Community Center Gym last year? _____

If so, which day (s) were you assigned? _____

Preferred Practice Days and Times: _____

The UNDERSIGNED, for himself/ herself and on behalf of the above named group, does hereby agree to protect, indemnify, save and keep harmless, Canton Township, its elected officials, employees and volunteers and others working on behalf of Canton Township from any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Canton Township, its elected officials, employees, volunteers or others working on behalf of Canton Township, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in anyway connected or associated with this agreement.

I do hereby certify that, in representation of the above-named group, I have received a copy of the rules and regulations governing the use of Canton Township property and that I have read and will observe all rules and regulations of the Canton Township Community Center Gym.

(Applicant Signature)

(Date)

(For Canton Township Office Use Only)

Date Received: _____

Received By: _____

Canton Township Community Center Rules and Regulations

1. Gym requests are on a first come first serve basis.
2. Canton Township Community Center Gym will not be used on Saturday or Sunday for any type of Athletic practice unless previously approved by the Canton Township Trustees. This is to make the building available for those wishing to rent the building for other events or parties.
3. Certificate of Liability Insurance must be submitted to the Canton Township Trustees or their representative, BEFORE the 1st scheduled practice. No exceptions will be made.
4. The attached Team Roster Form must be submitted to the Canton Township Trustees or their representative before the team's 1st scheduled practice. No exceptions will be made.
5. 80% of the teams opening day roster must be either a Canton Township Resident or a Canton Local Student.
6. Each team utilizing Canton Township Community Center Gym will be responsible to ensure that all trash, articles of clothing, and other paraphernalia left by their members or spectators is retrieved after each practice. Canton Township will not be responsible for anything left behind.
7. The use of Canton Township Community Center is a privilege granted by the Canton Township Trustees on behalf of all residents and taxpayers of Canton Township. The use of the Community Center may be revoked by the Canton Township Trustees at any time in response to violations of these Rules and Regulations of which you have been given a copy.

(Applicant's Signature)

(Date)

(For Canton Township Office Use Only)

Date Received: _____

Received By: _____

Canton Township Community Center Gym
Procedures for Athletic Teams

Must Include:

1. List of every team in association
2. Roster for each team.
3. Days and times of practice for every team.
4. Residency of each team member (Canton Township, Canton Local, Other)
5. A brief explanation of need.
6. Return to Administration office at 210 38th Street SE Canton, OH 44707

Canton Township Community Center
Athletic Team Roster

Team Name: _____ Team Age Group: _____

Manager Name: _____ Phone: _____

Email: _____

Alternate Contact Name: _____ Phone: _____

Opening Day Team Roster:

Name	Address	Canton Twp Resident	School District

(Applicant's Signature) (Date)

(For Canton Township Office Use Only)

Date Received: _____

Received By: _____

CANTON TOWNSHIP
RENTAL CONTRACT FOR USE OF COMMUNITY CENTER

_____ Cafeteria _____ Gym _____ Cafeteria & Gym _____ Other: _____

This Contract is entered into by and between the Canton Township Board of Trustees (herein "Owner") and _____ (herein "Lessee").

I. Date

Lessee shall have use of the above from _____ a.m./p.m. to _____ a.m./p.m. on _____ (date).

II. Use of Facilities

During the above stated time, Lessee and participants shall have the right to enter the Canton Township Community Center for the purpose of _____ (event) and for no other purpose. The conduct of this event and use of the facilities shall be in accordance with the terms of this contract and all township rules and regulations governing the Community Center. The use of this facility may be terminated at any time and for any reason by the Owner without recourse from Lessee.

III. Hold Harmless & Indemnification

Lessee shall indemnify, hold harmless and defend the township, its officers, and employees against any and all liability, loss, costs, damages, expenses, claims or actions, including attorney fees and court costs.

IV. Rental Fee and Deposit

CAFETERIA ONLY:

\$25.00 per **HOOR** non-refundable rental fee and \$25.00 refundable Key FOB deposit as well as a \$125.00 security deposit are required for all events from all renters.

GYM ONLY:

\$10.00 per **HOOR** non-refundable rental fee and \$25.00 refundable Key FOB deposit as well as a \$125.00 security deposit are required for all events from all renters.

CAFETERIA & GYM:

\$35.00 per **HOOR** non-refundable rental fee and \$25.00 refundable Key FOB deposit as well as a \$125.00 security deposit are required for all events from all renters.

OTHER RENTAL:

A non-refundable rental fee to be determined by the Board of Trustees and \$25.00 refundable Key FOB deposit as well as a \$125.00 security deposit are required for all events from all renters.

The deposit for the Key FOB will be refunded within twenty-one (21) days of the rental if Lessee has returned Key FOB. The security deposit will be refunded within twenty-one (21) days if the Lessee is in compliance with all rules and regulations and the premises are left in the same condition as it was before the event, normal wear and tear accepted. All payments are due when contract is submitted. Lessee hereby warrants the Lessee shall be personally responsible for the cost of repair of any damage over and above that covered by the security deposit. Checks returned by the bank for insufficient funds will be charged \$20.00.

V. Lost/Stolen Items

Owner is not responsible or liable for any lost, damaged, or stolen items.

VI. Miscellaneous

This contract may not be assigned without the express written permission of the Owner. This contract shall be construed in accordance with the laws of the State of Ohio.

“Canton Township Community Center exist for the benefit and use of the general public. Canton Township Board of Trustees makes every attempt to ensure that reasonable care is taken to keep the Community Center safe and operable. The Undersigned acknowledges that the use of the Community Center is at their own risk. As additional consideration for the Community Center Rental, the Lessee, on behalf of myself, heirs, executors, assigns and guests, do hereby release, forgive and discharge any and all claims that may arise from the Community Center Rental and do hereby waive any and all claims, actions, demands that may arise therefrom, known or unknown, against the Canton Township Board of Trustees, the Canton Township Community Center, and any Trustee, Fiscal Officer, Administrator, Superintendent, employee, representative or agent of any of them.”

This Contract constitutes the entire agreement between the parties. No oral statements or representations survive the execution of this Contract.

Owner

Lessee

(as authorized by the Canton Township Board of Trustees)

Lessee Information (please print)

Name: _____

Address: _____ City _____ Zip _____

Email Address: _____

Phone: (home) _____ (work) _____

Date of Rental _____ Number of People _____

Type of Activity _____

Office Use Only

Security Deposit \$ _____ Key FOB Deposit \$ _____ Rental Fee \$ _____

Total Money Collected \$ _____ FOB # _____ Unlock: _____ Lock: _____

Date Received _____

Signature: _____