

404 Madison Street, Clarksville, TN 37040 | info@habitatmctn.org | 931-645-4222

Applicant Information:	
Name (Primary Contact)	Organization/Group
Address	City, State, Zip
Email	Phone
Rentals Date(s)	Times
Event Type	Estimated # of Attendees

Rental Agreement information:

Payment is not required for the use of this space and priority will be given to nonprofit/charitable organizations and groups on a first-come/first-served basis. Habitat for Humanity of Montgomery County, TN (HFHMCTN) reserves the right to limit use of the space to approved organizations only. Please note that rentals are limited to operating hours (Monday through Saturday from 9 a.m. to 5 p.m.) and must be reserved outside of HFHMCTN meeting times.

Though the use of this space is free, HFHMCTN will require compensation for any damage to the facility and its materials in the event such damage occurs. The primary contact listed on the application must agree to be held liable for any damages before reserving the space. Compensation for damages will be determined on a case-by-case basis.

CONDITIONS OF RENTAL AND APPLICANT RESPONSIBILITY

Please initial each item where space is given showing that you understand agree to the policies.

Maximum Room Capacity (room is approximately 22x22):

- 24 with tables and chairs
- 40 with chairs only

HFHMCTN has for applicant's use on-site during rental:

- 5 rectangular 8 ft tables (6 persons per table)
- Up to 40 chairs
- Podium
- TV with HDMI ports (cord available upon request)
- Double sink and countertop space
- All other materials must be provided by the applicant. Restrooms are available in the ReStore. No kitchen access available.

FACILITY USAGE POLICIES:

_____1. Applicant shall not remove any wall hangings, pictures, or objects from building walls.

_____2. Applicant shall not tape, glue, staple, or tack/pin anything to the walls. Failure to comply may require financial compensation from the applicant for damages.

_____3. All electrical equipment and lights are to be turned off by the applicant before leaving.

_____4. Food and drinks are permitted, but alcohol is not allowed in the community space or on the premises. Food and drinks will not be provided by HFHMCTN.

_____5. Applicant will remove all trash and other items from the facility and will wipe down any surfaces used. Applicant will return tables/chairs to original setup after use.

_____6. Applicant will report and any all damages to the facility. Applicant understands that compensation for damages will be required on a case-by-case basis.

_____7. If the HFHMCTN facility is being rented and advertised for a meeting of the general public, the applicant must provide a copy of any promotional/advertising pieces for approval by HFHMCTN prior to the promotion of the event.

_____8. Smoking is not permitted in the facility. Absolutely no illegal drugs or substances are allowed inside the building or on the property.

_____9. Applicant agrees that the event will not interfere with the day-to-day business of the ReStore or HFHMCTN during operating hours.

____10. Per COVID-19 policies, masks are required in the facility at all times until further notice.

LEGAL POLICIES:

1. Applicant agrees to conform to, observe and not violate the laws of the United States, laws or ordinances of the state of Tennessee, Montgomery County, or the city of Clarksville including fire, police, and public safety rules and requirements.

2. Applicant may not use flammable objects or materials, open flame or flammable liquids or use of any other materials or objects which may increase conditions of insurance, or rate of fire or public liability insurance on the building, the property or the building contents.

3. Indemnity Clause: Applicant agrees to indemnify, defend by counsel reasonably acceptable to HFHMCTN and hold HFHMCTN and HFHMCTN's officers, agents, employees, and affiliates harmless of, from and against any and all losses, damages, liabilities, claims, demands, penalties, settlements, liens, costs, and expenses (including, but not limited to court costs, reasonable attorney's fees, and litigation expenses) in connection with injury to or death of any person or damage to or theft, loss, or loss of the use of any property occurring in or about the facility arising from applicant's use, or from any materially false information provided by applicant to HFHMCTN, or the conduct of any activity, work, or thing done, permitted or suffered by applicant in or about the facilities, or from any breach or default on the part of applicant in the performance of any covenant or agreement on the part of applicant to be performed pursuant to the terms of this Facility Rental Agreement, or due to any other act or omission, whether negligent or not or willful misconduct of applicant or any of its agents, employees, contractors, assigns, subtenants, guests, or invitees.

I hereby acknowledge that I understand and will abide by the terms stated in this agreement:

Applicant Signature	Арр	licant	Signature	
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HFHMCTN Representative Signature

Date

Date