

FACILITY USE AGREEMENT

Overbrook Osage County Fair Association

P.O. Box 383

Overbrook, KS 66524

Email: overbrookfair@gmail.com

This agreement will serve as an application for use of _____.
(description of area or building)

Event Date: _____ Start/End Time: _____ - _____ Facility Fee: _____

Name: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Description of event or activities: _____

TERMS AND CONDITIONS:

I acknowledge financial responsibility for any and all damages to the building/contents/premises that results from the use of the facility, including property damage, structural damage, and personal injury of those included in the use of the building/premises during the above rental period.

I agree to return the building/grounds to the condition in which it was found or better. This includes all cleanup, shutting off all lights, removal of all trash, and any other cleanup necessary.

The undersigned have carefully read, understand and agree to the terms of this contract.

Signature: _____ Date: _____

* You will be contacted upon receipt of your application.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

(Program, Agency, Individual) *Please Print Legibly

HEREBY ASSUMES ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE USE OF ANY AND ALL PROPERTY OR BUILDINGS ASSOCIATED WITH THE OVERBROOK, OSAGE COUNTY FAIRGROUNDS. This includes any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

(Agency Name or Individual Name or Parent/Guardian if individual is under 18) *Print Legibly

(Signature of Individual, Parent/Guardian if Individual is under 18, or Agency Representative)

Date_____