

# Ellington Senior Center Room Rental Application

**40 Maple Street • PO Box 187 • Ellington • CT • 06029 • 860-870-3133**

Must be 21 years of age or older to rent. Reservations must be received at least two weeks prior to the intended use.  
All fees due at time of application. Make checks payable to the Town of Ellington.

**Name of Organization/Association:** \_\_\_\_\_

Description of Event: \_\_\_\_\_

User/Applicant: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Hours of Use: Begins \_\_\_\_\_  AM  PM

Ends \_\_\_\_\_  AM  PM

Number of People in Attendance: \_\_\_\_\_

Will overflow parking at the High School be necessary?  Yes  No

If yes, refer to Item 12 on Page 3.

Will admission fees or donations be collected?

Yes  No If yes, refer to Item 8 on Page 3.

Address to mail correspondence: \_\_\_\_\_

Room Requested:

The Great Room [max 124 guests]

Multi-Purpose Room [max 78 guests]

Meeting Room [max 49 guests]

Use of kitchen requested:  Yes  No [Restricted to Licensed Caterer or Certified Qualified Food Operator (CQFO)]

**If yes**, the applicant must complete the North Central District Health Department Temporary Food Service Application Form and forward to HCDHD, PO Box 1222, Enfield, CT 06083 and **attach copy to this form**. Licensed Caterer and CQFO must provide Certificate of Liability Insurance and Certificate of Worker's Compensation Insurance and shall name the Town as an additional insured. This insurance shall be primary and non-contributory. Licensed Caterer must provide a copy of license; CQFO must provide copy of certification.

Is User/Applicant a non-profit organization:  No  Yes If yes, attach a copy of your 501c(3) Certificate

Attach Insurance Certificate; Town of Ellington must be included as an additional Named Insured. This insurance shall be primary and non-contributory. Coverage: *\$500,000 for Non-Profit Organization / \$1,000,000 for all others*

Use of the Ellington Senior Center Facility is subject to all conditions on Page 3. Applicant must sign Acknowledgement of Conditions on Page 3 and Hold Harmless Agreement on Page 4.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>REVIEWED BY:</b> (Attach Comments)	Initial <b>SC Director</b>	Initial <b>Resident State Sgt</b>	Initial <b>DPW Director</b>	Initial <b>Fire Marshal</b>	Initial <b>Health Dept.</b>
	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
<b>APPROVED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <b>First Selectman</b>				Date: _____
Distribution: <input type="checkbox"/> Senior Center <input type="checkbox"/> Resident State Police Sergeant <input type="checkbox"/> DPW <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Health Dept. <input type="checkbox"/> Applicant <input type="checkbox"/> File					

<b>FEES DUE</b>	Room Use \$ _____	Security Deposit \$ _____	Other: \$ _____
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**For Office Use Only:**

User Fee Paid: \$ _____	User Acknowledgement Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Security Deposit Paid: \$ _____	Hold Harmless Agreement Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No
NCDHD Application <input type="checkbox"/> Yes <input type="checkbox"/> No [if applicable]	User/Applicant Certificate of Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed Caterer: [if applicable] Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No / Workers Compensation Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of Caterer's License <input type="checkbox"/> Yes <input type="checkbox"/> No	CQFO Certification, WC & Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Ellington Senior Center Room Rental Rates</b>	<b>Weekdays during Posted Operational Hours (No Minimum hours)</b>	<b>Weeknights (Minimum 3 Hours)</b>	<b>Weekend (Minimum 4 Hours)</b>
<b>Residents</b>	\$28.00 per hour	\$32.00 per hour	\$50.00 per hour
<b>Non-Residents</b>	\$35.00 per hour	\$40.00 per hour	\$60.00 per hour
<b>Ellington Schools &amp; Non-Profit Groups</b>	\$20.00 per hour	\$25.00 per hour	\$40.00 per hour

A \$100.00 security deposit is required to reserve date. Submit a separate check made payable to the Town of Ellington. The security deposit is refundable in accordance with Item 9 under the Acknowledgement of Conditions for the Use of the Town of Ellington Senior Center.

Additional Custodian Fee (if applicable): \$15.00 per hour

Board of Selectmen Approved: April 11, 2016  
 Revised August 8, 2016; September 2, 2016; October 25, 2016; October 15, 2019

## Acknowledgement of Conditions for the Use of the Town of Ellington Senior Center

1. I understand as the renter of this facility, I must be in attendance at the event and agree to abide by and enforce all rules and regulations in effect to ensure proper safety, sanitation and for the protection of Town property and my guests. Furthermore, I will be totally responsible for the control and supervision of people at the event and for any damage to Town property that results from this use.
2. I agree to restore the facility to its original setup and to clean up after the event. This includes taking out the garbage and removing any recyclable materials. I agree that the Town will not be responsible for the loss of or damage to any property brought in for the event. All such property must be removed promptly after the event. I understand failure to do so will result in my paying custodial charges; charges set forth on Page 4.
3. A custodian will be on duty for the duration of the event. If an event is to be open to the general public, one or more additional custodians will be assigned to the event by the Town. The additional custodian(s) must be on duty for the duration of the event and the applicant shall pay the additional charge for such additional custodial service as set forth on Page 4.
4. I understand as the applicant that I must provide the Town with proof of insurance. I understand that use of the kitchen is restricted to Licensed Caterer or Certified Qualified Food Operator who must submit a copy of their certification as Licensed Caterer or Certified Qualified Food Operator, and their Certificate of Liability Insurance and proof of Workers Compensation Insurance.
5. I understand that all decorations used must be non-marking; no tacks, nails or scotch tape are allowed.
6. I understand smoking is strictly prohibited inside and outside the Ellington Senior Center, as is the use of open candles or other flame displays.
7. I understand that the following are also prohibited on Town property: alcohol, pets in the Ellington Senior Center, overnight parking, gambling, the sale of alcohol and adult entertainment including movies, dancers and nudity of any kind.
8. I understand that the collection of admission fees or donations in conjunction with the use of Town buildings is prohibited unless approved in advance by the First Selectman.
9. I understand that the Security Deposit will be used for the loss of or damage to the Senior Center property and to any custodial charges that are imposed pursuant to this agreement. If damages exceed the amount of the Security Deposit, the user will be billed for the remaining balance.
10. I understand that this room is being rented to me for the listed use only and that the transferring or assigning of such permission is strictly prohibited.
11. I understand if I cancel my event, to be eligible for a refund, I must notify the Senior Center Director in writing at least 14 days prior to the actual event date.
12. I understand that Police service may be required for any event open to the general public or if the High School parking lot is used for overflow parking. Police service is requested through the Resident State Troopers' Office and any fee payable by their policy will be paid by the applicant. Use of High School parking lot is subject to permission granted by the Board of Education. It will be the organization's responsibility to arrange for Police service and to obtain permission for overflow parking at the High School.
13. I understand that use of the Senior Center for senior activities shall have priority over the use by any outside organization. I understand and agree that the Town of Ellington retains the right to deny any application or to cancel any reservation two weeks prior to the event, except in the case of an emergency. The Town also reserves the right to suspend or terminate any scheduled activity while in progress if the Town deems that continuance of the activity will be harmful to the Ellington Senior Center or persons there. A separate Memorandum of Understanding may be required for unique requests.
14. The applicant will pay all costs of collection, including court costs and attorneys fee, for all amounts due and payable to the Town under this Agreement.
15. The Town prohibits discrimination based on race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, mental retardations, mental disability, or physical disability or any other characteristic protected under federal law.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Ellington Senior Center

## Use of Ellington Senior Center Property

### Hold Harmless Agreement

I wish to use the facility owned by the Town of Ellington and maintained by the Town of Ellington and known as the Ellington Senior Center. I understand that in consideration for allowing me to use the facility, the Ellington Senior Center, expects that I will be legally responsible for all that may occur relative to my activities, and that I will further hold the Ellington Senior Center harmless for all claims of any type that might result from my activities. Specifically, I understand:

1. The Ellington Senior Center does not supervise my activities or the facility in any fashion. I certify that all activities will be in full compliance with any local, state, or federal laws or regulations.
2. I cannot rely upon the Ellington Senior Center for assurances, expressed or implied, that my activities will not cause harm to me or others. By allowing me to utilize the facility, the Ellington Senior Center is also making no assurances whatsoever that no harm will come to me, my invitees, or my guests either by my activities, or by the facility itself. I am fully responsible to ensure that the facility is adequate to engage in my activities safely, and in the event that I deem that they are not, I will refrain from any activities. This is my sole responsibility.
3. I understand the activity that I will engage in and the risks associated with the activity. The Ellington Senior Center provides me no information in this regard, and that in the case that I am not able to hold the activity safely I will refrain from my activities. This will be my sole responsibility.
4. The undersigned hereby agrees to indemnify and hold the Town and its agents and employees harmless from and against any and all claims, actions, suits, proceedings, judgments, awards, costs, expenses, damages and liability, including reasonable attorney fees, arising out of, connected with, or resulting directly or indirectly from or during the use of the premises by the undersigned, its employees, agents, guests or invitees, and agrees to defend, at its sole cost and expense, all suits which may be brought against the Town and its agents and employees either alone or in conjunction with others, in connection with and/or incidental to the use of the premises by the undersigned, its employees, agents, guests or invitees
5. It is my knowing intention to provide the Ellington Senior Center, and any of their agents, employees or member the broadest protection against lawsuits that are available.
6. I have read the above information, agree to it, and have had an opportunity to ask questions. If I am signing on behalf of an organization, I certify that I am authorized to agree to the terms and conditions as outlined in the application on behalf of the organization, and the organization's members.

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User/Applicant's Printed Name

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User/Applicant's Signature

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Date