

*To provide indoor recreational opportunities to promote healthy active living in our community*

**Indoor Turf Field Rental Request**

**Contact Information**

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| --- |
| Name of Contract Holder: |
| Organization or Event Name: |
| Address: |
| City: | Postal Code: |
| Email address: |
| Phone: | Cell: |
| Fax: |

**Rental Request Information**

|  |
| --- |
| Date(s): |
| Time(s): |
| Activity: |
| Group size/Participant count: |
| Insurance Coverage (please circle one): REQUIRED or PROOF OF INSURANCE AVAILABLE |
| *\*Insurance coverage available – to be quoted upon request based on booking type\** |

**Rental Rates**

Monday-Friday daytime hours - 9am-6pm = $40.00/hour plus HST

Monday-Friday evening hours – 6pm-10pm = $115.00/hour plus HST

Saturday & Sunday hours 8am to 10pm = $115.00/hour plus HST

**Total Due**

|  |
| --- |
| Approved Dates: |
| Total Rental Rate Charged: | Insurance Cost Due: |
| Total Due\*: |
| ***25% Non-Refundable Deposit to be paid immediately upon booking confirmation, cheque payable to “Erin Indoor Recreation Centre”. Remaining 75% to be paid upon first booking.*** |

By signing this document, I acknowledge that I am the party responsible for the group listed above, and that I have ensured that all participants are informed that the nature of indoor sport inherently creates risk and they acknowledge their voluntary participation. I have also supplied the necessary insurance coverage including the “Erin Indoor Recreation Centre Ltd” as additionally insured for the dates listed or will purchase insurance from the EIRC. Further, on behalf of all participants I accept responsibility and release the Erin Indoor Recreation Centre Ltd., the Erin Agricultural Society, it’s directors and staff from any loss or liability claims.

[ ] I am the coach for this team and have a signed parental consent form for each participant.

[ ] Initial here to acknowledge that you have read and understood the attached terms and conditions of rental.

Signature of contract holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_