

**Mt. Healthy Aquatic Center (Community Room)  
Rental Agreement (updated 10-30-2021)  
City of Mt. Healthy  
7700 Perry Street  
Mt. Healthy, Ohio 45231  
513-931-8840**

**PICK UP KEY ON:**

**RENTAL INFORMATION**

Renter: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: ( ) \_\_\_\_\_ Evening #: ( ) \_\_\_\_\_

Date of Rental: \_\_\_\_\_ # of Guests: \_\_\_\_\_ (60 Max.)

Time of day: from: \_\_\_\_\_ to: \_\_\_\_\_ (No event can continue later than 10:00 PM)

Will alcohol be served? YES or NO (Attach Permit form)

Occasion: \_\_\_\_\_

FEES FOR RENTAL: **SET UP AND CLEAN UP TIME IS NOT INCLUDED!** Initial \_\_\_\_\_

1. Rental rate is \$100.00 for 3 hours\* Additional hours (or fraction of) are \$50.00 each
2. **A \$100.00 reservation fee is due upon signing rental agreement.** This fee reserves the date, and can be used towards rental fee and is refundable only if reservation is canceled no less than two weeks prior to event.
3. Canceling and Re-scheduling is only allowed *one time* per rental. Re-scheduling more than once will require a new reservation fee of \$100.
4. **Security Deposit of \$250.00** and payment for additional hours are due when keys are picked up *the business day* before rental. **Deposit must be paid by Credit Card.** **ALWAYS CALL TO CONFIRM BEFORE PICKING UP KEYS.** The deposit will be used in case of going over stated time above, damage or if room requires cleaning after the event, otherwise it will be refunded after an inspection on the first business day after the event.\*
5. There will be no charge for civic groups.

\* Additional charges may be assessed to total cost due to damage to the Aquatic Center Community Room, going over rental time stated above or failure to clean the room after your event resulting in an additional \$50 fee. Every hour or part of an hour past the time on agreement costs a \$50 fee. Leaving floor uncleaned costs a \$50 fee. Not taking trash out costs a \$50 fee. Not placing tables and chairs back to original setup costs a \$50 fee. Lost key costs a \$50 fee.

**Return Form and Payment to: City of Mt. Healthy, 7700 Perry St., Mt. Healthy, Ohio 45231.  
Ph (513) 931-8840 Fax (513) 728-3189**

## COMMUNITY ROOM RENTAL AGREEMENT

### Conditions

1. Renter is responsible for all conduct and any damages caused by their guest(s) and others hired by Renter. ***Do not drive or park on the grass or walkway.*** Initial \_\_\_\_\_.
2. **NO ALCOHOL EXCEPT BY CITY ORDINANCE. (SEPARATE ALCOHOL USE PERMIT REQUIRED)**
3. Decorations are **NOT** to be attached or mounted on any building surfaces including walls. **NO glitter, confetti, bubbles, or birdseed may be used on the premises.**
4. If any of the conditions are violated by anyone associated with your event, including guests and hired help, additional charges for clean up may be assessed to the Renter. Liability for damage to the premises or fixtures of the facility will be charged to the Renter accordingly. Cost of restoration of the facility will be deducted from the Security Deposit. If damages exceed the amount of the Security Deposit, Renter agrees to pay the City of Mt. Healthy the difference of any monies owed within **10 days**.
5. For events during pool hours, up to 10 (ten) passes will be provided for swimming at no charge, \$2.00 each for extra passes (*limit 15*). Regular price applies for additional swimmers. *Please Note: PROPER SWIM ATTIRE REQUIRED!* The pool area outside the Community Room is a common "open to swimming customers" area.
6. **THE POOL MAY CLOSE AT ANY TIME FOR REASONS BEYOND OUR CONTROL. IF THIS OCCURS, RENTER WILL STILL HAVE ACCESS TO COMMUNITY ROOM, BUT NOT THE POOL. NO LIFEGUARDS WILL BE ON DUTY. THEREFORE, SWIMMING WILL BE PROHIBITED.**
7. The City of Mt. Healthy is not responsible for any items left in the Community Room.

### Set Up

All set up is the responsibility of the Renter and includes assembly and arrangement of all tables and chairs. Special room layouts may require additional tables and chairs; cost of additional tables/chairs is the responsibility of the Renter. Any damage to the facility or property of the Aquatic Center during set up or afterward is Renter's responsibility.

### Clean Up

The following includes the clean up responsibilities of the Renter and must be complete within your paid rental times: Remove ALL decorations, clear tables of trash and debris. Remove all trash from cans (all cans will have liners). Put all trash in bags, tie securely and put in BROWN RUMPKE CARTS ON LEFT SIDE OF BUILDING. Clean rest rooms including toilets, sinks, and mirrors. Check for smudges on walls around light switch plates and door knobs, wipe clean. All floors swept and moped if needed. After floor has dried set tables and chairs back or original position. Please pour liquids in sink and not in the trashcan. **In the event that you exceed the time limit agreed upon, an additional charge of \$50 per hour or fraction of will be deducted from the Security Deposit and/or result in additional charges to the Credit Card used to make the initial deposit. TIMES AND CONDUCT ARE MONITORED VIA VIDEO CAMERA.**

*I have read and understand the above terms and conditions of the Mt. Healthy Aquatic Center. By signing this agreement, I understand that there may be additional fees or penalties assessed with respect to violation of this contract, damage to the Aquatic Center premises, and/or going over the designated time period for the event.*

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SIGNATURE

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DATE

*ACCOUNT SUMMARY*  
(office use only)

PAYMENTS:

1. Reservation fee: (\$100.00) \$\_\_\_\_\_ Date Received: \_\_\_\_\_  
(Due at time of reservation)

Method of Payment: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Visa/MasterCard \* #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

2. Security Deposit: (\$250.00) \$\_\_\_\_\_ + Additional Hours: \_\_\_\_\_ x \$50. Ea. Total: \$\_\_\_\_\_

Method of Payment \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Visa/MasterCard \* #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 digit: \_\_\_\_\_

3. Key # \_\_\_\_\_ Date Received: \_\_\_\_\_

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4. Received deposit refund: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Amount Refunded: \$\_\_\_\_\_ Cash Check Credit Card

Reason for refunding less than \$250: \_\_\_\_\_

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***\* In the event that your credit card is denied, another method of payment must be received in order to reserve your date.***

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