



LUIS OASIS SENIOR CENTER
 420 Soares Ave., Orcutt, CA 93455
 Tel: (805) 937-9750 Fax: (805) 937-0440
 Mailing Address: P.O. Box 2637, Orcutt, CA 93457
 Email: information@oasisorcutt.org

BUILDING USE AGREEMENT (Private Rental) (Regular/Non-Profit)

Applicant: _____

Contact Name: _____ Phone #: _____

Contact Email Address: _____

Alternate Contact Name: _____ Phone #: _____

Address: _____

Event: _____ Date(s): _____

Room(s) Requested: _____ Total # Attending: _____ Fee: _____

Room Access Start Time: _____ Room Access End Time: _____

Equipment Requested (check all that apply):

Chairs _____ #: _____ Tables _____ #: _____

PA System _____ Piano _____ Kitchen _____ TV/VCR _____ Keys _____

Received Building Use Checklist dated October 6, 2015: Initials: _____

(Applicant and/or contact is responsible for returning keys to the OASIS office.)

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1. The applicant and/or the contact assume all responsibility for any loss, damage, liability, injury, cost, or expense to guests or a third party that may arise during occupancy of the facility. OASIS, Inc. and its associates assume no responsibility. Initials: _____
 2. The applicant and the contact are responsible for any damage caused to the equipment, the grounds, the buildings, and/or the furniture, through the occupancy or use of the premises by the applicant or contact. Initials: _____
 3. The applicant and/or the contact agrees to indemnify, defend and hold harmless the Orcutt Union School District, and OASIS, Inc., and their employees from any loss, claims, liability, damages, or injury (including sickness, disease or loss of life) occurring to persons or property, caused by the applicant or the contact, or by anyone employed by or invited by the applicant or the contact associated with the Event on Luis Oasis Senior Center Property. This indemnity shall survive the termination or expiration of this Agreement. Initials: _____

4. The applicant and/or the contact are required to present a copy of the applicant's current Liability Insurance policy coverage of one-million dollars (a one-day Certificate of Insurance with Orcutt Area Seniors In Service, Inc. listed as the *additionally insured party*), if so requested by an OASIS, Inc. employee or representative. FAX to: 805-937-0440. The certificate must be provided five days prior to the Event. **Initials:**_____
5. Where applicable, a key fee of \$5.00 will be payable with the deposit. This (and the remainder of the deposit) will be refunded when the keys are returned to OASIS, Inc. **Initials:**_____
6. Because the Luis OASIS Senior Center is located on property owned by the Orcutt Union School District, there are no intoxicants allowed on the premises or the parking lot. A fee of \$150.00, fully refundable, is required to reserve and hold the Event date, and further added to insure that all policies are adhered to. OASIS, Inc. reserves the right to visit the site during any event. If these policies are followed, the \$150.00 will be returned at the earliest possible convenience of OASIS, Inc. **Initials:**_____
7. This agreement may be canceled by either party up to 24 hours prior to the event. OASIS, Inc. reserves the right to retain 50% of the fees, if an event is cancelled without 24 hour notice. **Initials:**_____
8. Any deliberate misstatements or omissions of material fact in this agreement may result in cancellation of this agreement and/or retention of any deposit or use fee paid. **Initials:**_____
9. 50% of the room use fee and key fee will be due no later than seven days prior to the event date. The remaining balance is due no later than 24 hours prior to the event. **Initials:**_____
10. Occupants are to vacate the facility no later than 9:00 PM on the specified day of the event. Failure to do so is grounds for forfeiture of the deposit. **Initials:**_____

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 I, the undersigned, Responsible Party, acknowledge and agree to the terms of this contract.

Name _____ Signature _____ Date _____

Agent for Orcutt Area Seniors In Service, Inc.

Name _____ Signature _____ Date _____

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 Fees Due (Circle Rooms To Be Rented): Main Hall / Kitchen / Rostien Room / Heck Hall

Building Use Fee: \$ _____ Clause #6 Fee: \$150.00

Other Deposit: _____ Key Fee: \$5.00 Total: \$ _____

Deposit Paid: Amount \$ _____ Date Paid: _____

Remaining Balance Paid: Amount \$ _____ Date Paid: _____

Liability Insurance Certificate Received: Date _____

Fees Refunded: Date _____ Check #: _____