

MLK Rental Facilities Form

Applicant Information			
Name of Host:		Date:	
Type of Event or Program:		Phone Number:	
Email Address:	Address:		
Number of Persons Expected to attend:		Total Rental Fee:	

All persons must abide by current COVID-19 guidelines.

Jackson Recreation Department Building Use Policies

- By City ordinance, No Alcoholic beverages are allowed in city owned building.
- Any Function which requires a city license must be cleared through the City Clerk's office 30 days prior to date of use.
- Applications for building use should be submitted to the Recreation Department **ten days prior** to requested date.
- Recreation Department activities maintain building use priorities with no exceptions.
- Each group must sign the City's hold harmless agreement.
- Groups are responsible for setting up and taking down of tables and chairs. Groups will be expected to leave the building neat and tidy after their function. If facilities are not left in good order, your groups future use of the facilities may be jeopardized.
- Groups using the facilities are responsible for their personal properties and **cannot** store equipment at the facility.
- Groups should not plan to hold meetings at the facilities on a regular basis or more than once a month.
- Groups will be held responsible for damages to the buildings, furniture, fixtures, and equipment.
- You are responsible for clean-up; if not The City of Jackson will invoice you for the cost of clean-up.

Building	Room Requested	Date Requested	Hours Needed	Building Cost	Personnel Cost
MLK Center					<input type="checkbox"/> Deposit Only

Will there be any cooking completed in the kitchen?	Yes	No
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Any usage of the stove or deep fryer will need to be pre-approved before the event.

Approved of By:	Date Approved:
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Details

Time Frame Selection

Please circle the desired time frame. Set up/ Tear down are already included into the times below.

Date:	
Set Up Time:	Tear Down Time:
Date:	
Set Up Time:	Tear Down Time:
Date:	
Set Up Time:	Tear Down Time:
Number of Chairs:	Number of Tables:

Estimated Amount of Total Guest: _____

All guest must abide by current covid-19 guild lines.

Other Special Request: _____

Rental Fee Charges

All payments will only be accepted 161 W Michigan Ave, 5th Floor. **All fees are required to settle a week prior to the event date.** If any fees are not paid for a week prior to event, the event will be cancelled. All checks are to be made out to City of Jackson. **All deposits are non-refundable!** Please make check out to **City of Jackson.**

MLK Center Gym.....	\$200 per 4 hours
Tony Dungy Lounge.....	\$75 per 4 hours
Flamingo Brown Room	\$75 per 4 hours
Overtime Fee.....	\$25 per hour
Deposit (Non-Refundable)	\$50

If you have any questions, please call Antonio Parker (517)788-4067!

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Use of City Facilities Hold Harmless Agreement

For and in consideration of the opportunity of being allowed to use the City of Jackson facilities as identified below, the undersigned agrees to indemnify, defend, and save the City of Jackson and its agents, officers, representatives, elected officials and employees (hereinafter “City”) harmless from and against any and all liability, cost or losses resulting from any and all claims, demands, suits, actions, payments or judgments, including any and all expenses, legal or otherwise, incurred by the City in the defense of any claim or suits arising from personal injuries, death, property damage, bodily injury, or otherwise, brought or recovered against the City, or any other third party present during the above referenced use of facilities. However, this provision does not indemnify for the sole negligence of the City.

Covid-19 Protocols & Procedures

- All persons must wear masks inside of the building.
- All persons must abide by social distances procedures.

Location of Facility:	Use Date(s):
Types of Use:	

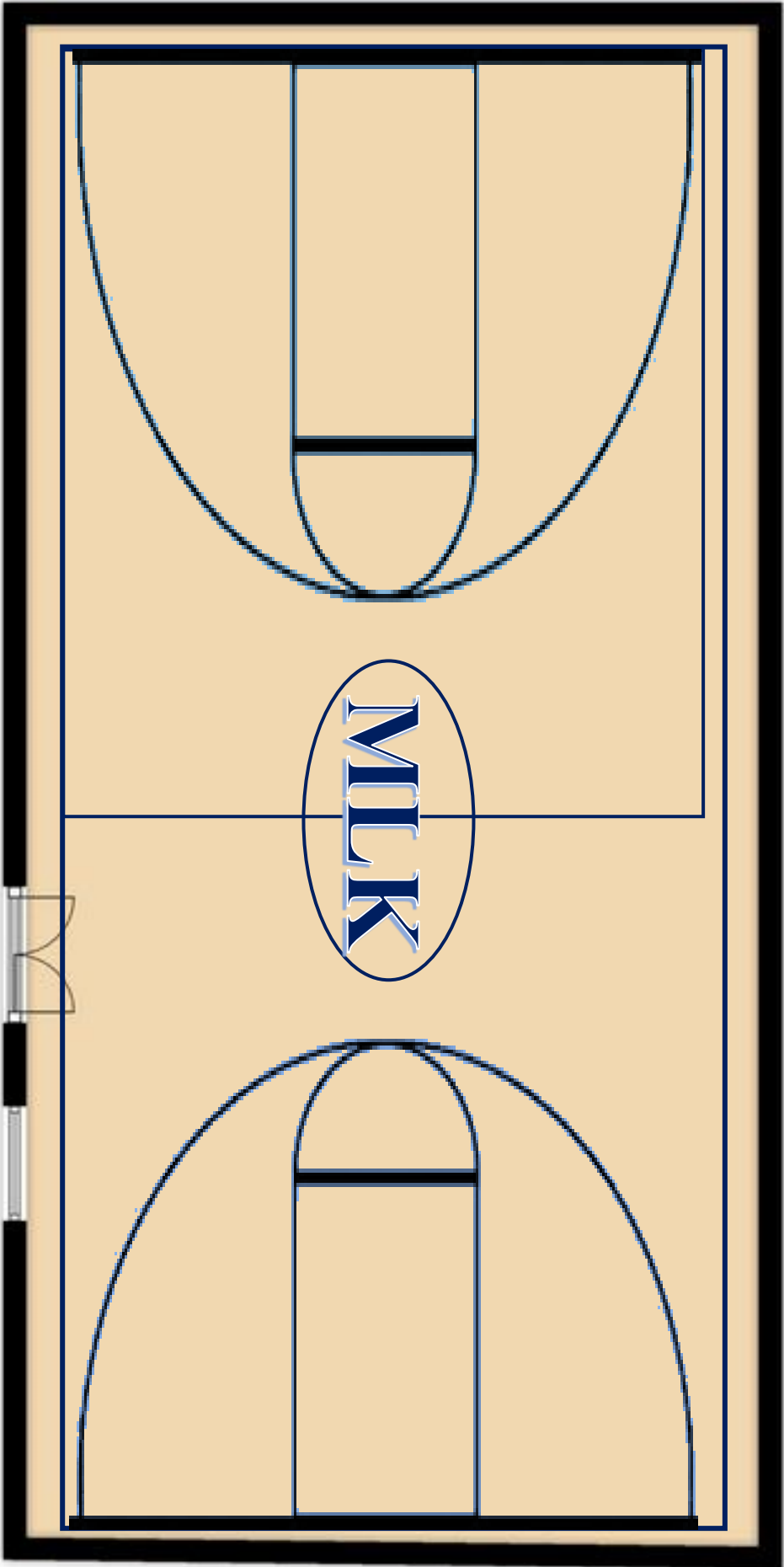
Signature:	Date:
Print Name:	

Witnessed By:

Signature:	Date:
Print Name:	

MLK Layout

Please create a layout for the tables, if your event is being held in the gym.



Name _____

Date of Event _____