

SECURITY COMMUNITY CENTER
18760 HIGHWAY 105 EAST
CLEVELAND, TX 77328
30.329104,-95.277501

The following rules have been compiled to protect County property and to provide a clean and healthful environment for you and your guests. Your cooperation in observing the rules will be appreciated. Failure to comply might subject you to liabilities including forfeiture of deposit, loss of future rentals, and possible criminal charges.

Date Reserved : 8AM-Midnight _____

Event : _____

Name of Organization or Individual : _____

Deposit = \$200.00 : Check/Money Order # _____ Cash _____

Fee = \$150.00 : Check/Money Order # _____ Cash _____

ALL PAYMENTS MUST BE MADE BY CASH, CHECK OR MONEY ORDER.

NO TEMPORARY OR POST-DATED CHECKS OR CREDIT CARDS WILL BE ACCEPTED.

Please make checks payable to Montgomery County Precinct 4. \$30.00 fee for any check returned unpaid for any reason.

When you use County property, you are, by law, liable for any damage beyond normal wear to the building, furniture and/or equipment.

1. There will be a \$200.00 deposit for the key to the building. Key must be returned by 3:00 PM the next business day. Deposit will not be returned until building has been checked for cleanliness and damages.
2. Floors must be swept and mopped. Tables and chairs should be wiped clean.
3. Interior and grounds should be kept neat and clean before leaving the premises.
4. All perishable food and trash must be removed from the building and placed in the dumpster. Please be sure kitchen counters have been wiped clean.
5. **No alcoholic beverages are to be served, sold, or consumed on the premises.** Law enforcement or precinct personnel may stop by to check and if found in violation, the gathering will be stopped immediately and you will be asked to leave the premises. Your deposit will also be forfeited. _____ **Please initial.**
6. Your gathering should be conducted in an orderly manner. No excessive loud music or activity that may disrupt the neighborhood. **No loud music after 10:00 PM.**
7. **No smoking permitted inside the building.** Do not throw butts on the ground outside or in the flower beds.
8. Cancellations must be made two full weeks prior to the scheduled rental date or you will forfeit your deposit at which time full refund of rental fees prepaid will be refunded by Montgomery County by check made payable to the renter only and mailed to the address at the bottom of this form. Original receipt is required for all refunds and could take 6-8 weeks to be received.
9. Assignment of this rental agreement to anyone other than the user listed below is prohibited - specifically for a profitable scenario. Persons found in violation of this rule will be banished from renting and usage of any building in the future.
10. Report any problems to the Facility Coordinator at (281) 577-8919 during business hours or call (936) 672-5099 for after hours and weekend emergencies.
11. For all weekend rentals, the key for the facility can be picked up from our office on the week prior to your event on either: Wednesday or Thursday 8:00 AM until 3:00 PM, or Friday 7:00 AM until 12:00 Noon.
12. **DO NOT enter the building until the day of your reservation for any reason.** If additional days are required for set up or clean up, they must be reserved and paid for in advance. Anyone found not in compliance will forfeit their entire deposit.

I have read and understand the above rules. I further understand that failure to comply will result in the forfeiture of deposit, loss of future rentals, and possible criminal charges. If damages exceed amount of deposit, additional charges may apply.

Signature : _____

Printed Name : _____

Address : _____

City, State, Zip : _____

Phone Number : _____

**RENTAL RESPONSIBILITIES
SECURITY COMMUNITY CENTER**

All trash must be bagged and placed in dumpster.

1. KITCHEN:
 - Refrigerator should be emptied and wiped clean.
 - Stove and oven should be wiped clean.
 - Floors should be swept and mopped.
 - All counter tops should be wiped clean.
2. RESTROOMS:
 - Floors should be swept and mopped
3. MAIN ROOM:
 - There are approximately 18 tables and 80 chairs included in this facility.
 - All tables and chairs are to be wiped clean. Do not remove tables and chairs from the building; they will be inventoried after each use.
 - Do not stack extra tables and chairs against the walls.
 - **Nothing should be taped, tacked or nailed to the walls or ceilings.**
 - Thermostats should be set at 75 degrees before you leave the facility.
 - All lights must be turned off before you leave the facility.
 - Keys can be left in drop box when you complete your gathering or must be returned in our office between 12:30 - 3:30 the next business day to the Facility Coordinator in order to have your deposit returned
4. HOURS OF OPERATION:
 - 8:00 AM – 12:00 MIDNIGHT on the date you have reserved.
 - If you wish to set up the evening before, there will be an additional daily rental fee and this **MUST** be arranged with the Facility Coordinator.

Please take everything you brought with you at the end of your gathering. Anything left behind will be disposed of by the end of the next business day. Again, keys can be left in the drop box or keys must be returned in our office between 12:30 - 3:30 the next business day to the Facility Coordinator in order to have your deposit returned

I have read the above rules and understand my responsibilities for using the County facilities. I understand that failure to comply could result in additional fees and loss of my deposit. In addition, I may lose future rental privileges for any County facility.

Signature _____

Printed Name _____

Date _____

Date & Key # Issued _____

Date Key Returned _____

Deposit Returned _____

**LIABILITY WAIVER
SECURITY COMMUNITY CENTER**

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with activities and events organized by renting party listed below.

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older and mentally competent to enter into this waiver.

Name _____

Address _____

Phone number _____

Date of event _____

Event _____

Description of activities _____

I _____ **SHALL INDEMNIFY AND HOLD HARMLESS MONTGOMERY COUNTY, TEXAS FOR INJURY, CLAIM OR PROPERTY DAMAGE OR LOSS SUFFERED BY ANY PARTY AS A RESULT OF USER'S USE OF THE PREMISES.**

I acknowledge that I understand the waiver described in this document. Waiver is made to the maximum extent permissible under applicable law. I acknowledge that I have signed this document under my own free will.

Signature _____

Printed Name _____

Date Executed _____

Facility Coordinator Signature _____

Printed Name _____