

**COMMUNITY BUILDING
RENTAL WAIVER**

Front Room Fee	\$40.00
Rear Room Fee	\$60.00
Front & Back Room Fee	\$100.00
Security Deposit Fee (separate check)	\$50.00

Renter/Organization Name: _____ Rental Date & Time: _____

Address: _____

Name & Phone # day of event: _____

Event Description: _____

Insurance Carrier: _____ Policy #: _____

Illinois State Sales Tax #: _____ (This is required for sales of any merchandise and/or food on Village property.)

Will alcohol be sold at your event? Yes No
(If so, proof of valid insurance must be provided)

Will alcohol be served at your event? Yes No

In consideration of receiving permission from the Village of Waterman to use its park and its facilities, the receipt of which permission is hereby acknowledged, each of the undersigned does hereby release the Village of Waterman, its agents, officers, servants, and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, damage, or injury, whether personal or property, that may be sustained by any or each of the undersigned of the family, group, or organization which they represent, while in, or upon said premises. Each of the undersigned and their family, group, or organization hereby voluntarily assumes all risks of loss, damage, or injury, whether personal or property, that may be sustained by any or each of the undersigned while in, or upon said premises. This waiver shall be binding upon the families, groups, and organizations represented, distributes, heirs, next of kin, executors, and administrators of the undersigned. In signing this waiver, each of the undersigned hereby acknowledges and represents:

1. That he/she has read the above waiver, understands it, and signs it voluntarily.
2. That he/she is over 18 years of age and of sound mind.

To reserve the community building please sign this waiver and return with your non-refundable rental fee and the \$50.00 security deposit. All fees must be paid at the time of reservation in the form of cash or check.

Renter's Signature: _____ Date: _____

In case of an emergency please call: Abigail Penton 224-489-9432

For Office Use Only

Rental Number: _____	Door Code: _____	Key #: _____
Rental Fee: _____	Date Paid: _____	
Security Deposit Fee: _____	Date Paid: _____	
Security Deposit Return Date: _____	Certificate of Insurance Received Date: _____	
Property Damage after rental: _____		

Revised Apr 2025