

**WATERMAN COMMUNITY CENTER
RENTAL WAIVER**

Rental Fee (Includes use of front and back rooms & kitchen)	\$250.00
Rear Room Only (Includes use of kitchen)	\$200.00
Non-profit Fee	\$60.00
Security Deposit Fee (separate check)	\$100.00

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

Address: _____

Name & Phone # day of event: _____

Event Description: _____

Will alcohol be sold at your event? Yes No Will alcohol be served at your event? Yes No

If alcohol will be sold, please complete the below fields.

Insurance Carrier (if applicable): _____ Policy #: _____

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

(If so, proof of valid insurance must be provided)

**To make a reservation, please submit this completed waiver, the non-refundable rental fee, and the security deposit.
All fees must be paid in full to confirm the reservation and be paid in the form of cash or check.**

****Hours of rental are from 9:00 am - 10:00 pm the day of your rental. A door code will be issued at the time of your reservation and you will not have access to the facility until the time of your rental. In the event any damages occur during your rental, your security deposit will be forfeited and future rentals will be prohibited.**

In consideration of receiving permission from the Village of Waterman to use 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.

Renter's Signature: _____ Date: _____

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

For Office Use Only

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

Revised Oct 2026