



THE CURLING CLUB OF COLLINGWOOD

Rental Agreement for The Curling Club of Collingwood

Organization: _____

Rental Date: _____

Rental Time(s): _____

Facilities Requested: No. of Sheets: _____
Bar Service: Yes No Kitchen: Yes No
Instruction: Yes How many? _____ No

Person in Charge/Coordinator: _____

Number of Participants: _____

Total Cost: _____

Deposit Required: _____

Date deposit due: _____

Amount due on day of rental: _____

Liability Waiver: In signing this Rental Agreement, the undersigned agrees that those using the facilities provided by The Curling Club of Collingwood, do so at their own risk and that The Curling Club of Collingwood shall not be liable for any loss or injury.

- All participants are requested to read our posted safety regulations and adhere to:
- o Evacuating the building immediately upon any safety alarm sounding
 - o Practice responsible behavior on the ice
 - o Practice responsible alcohol consumption
 - o Be vigilant of personal safety when traveling in the parking lot

Signed: _____ Date: _____

Invoice to: (Above organization) or _____

Attention: _____

Street Address: _____

City, Prov., Postal Code: _____

Complete & fax back to Bob Halpenny @ (705) 444-9123 prior to