



COUNTY OF AMHERST

OFFICE OF RECREATION & TOURISM

Monroe Community Center
129 Francis Ave
Monroe, VA 24574
(434) 946-9371

Date: _____

Please complete, sign and return the Coolwell Community Center Reservation Agreement, the Hold Harmless Agreement and rental fee payment to:

To: Randal Nixon, Director
Amherst County Recreation & Tourism
129 Francis Avenue
Monroe, Virginia 24574

Rental fee: \$_____

Payments accepted: Cash, Check or Credit Card. Please make checks payable to the Amherst County Recreation Department.

The Contract and Rental Fee due on _____ or your reservation will be cancelled.

RENTER'S COPY

RULES FOR USE OF COOLWELL COMMUNITY CENTER

Effective July 1, 2025, the rental fee for Coolwell Community Center is \$175.00 for a minimum of four (4) hours that includes room set-up and clean-up. For each additional hour or portion thereof, a rate of \$35.00/per hour will be charged.

No alcoholic beverages or illegal drugs are allowed on the premises.

No smoking is allowed in the building.

Renter shall be responsible for the acts and safety of all guests. Renter shall identify and report all uninvited persons immediately to the Amherst County Sheriff's Office. (434-946-9300)

Contracts must be returned with payment two (2) weeks from the date the reservation was made.

In the event of inclement weather, Renter must notify the Amherst County Recreation & Tourism Department immediately if the event is cancelled or postponed. A refund will be issued.

Renter is required to clean the facility, including:

- Removing all trash from the building and depositing it in the GFL container located outside of the back door of the Coolwell Community Center
- Sweeping and mopping the floor
- Returning tables and chairs to the appropriate racks

The Virginia Uniform State Building Code (USBC) limits this facility to **135** occupants. It is the responsibility of the Renter to monitor the number of occupants in the building.

Activities for youth under 21 years of age require one (1) adult chaperone for every ten (10) youth.

Guests must be off of the premises of the Coolwell Community Center by 11:00 P.M. **NO LOITERING WILL BE PERMITTED ON THE GROUNDS.** Renter shall be held responsible for any disturbance to the neighborhood created by any guests.

Renter must sign the **Hold Harmless Agreement** indemnifying Amherst County from any liability.

The Amherst County Recreation & Tourism Department will assign a Site Supervisor to the activity. The Site Supervisor is required to remain on site during the hours the Renter is using the facility.

Renter and Site Supervisor shall conduct a "pre and post walk through" of the facility. Renter will be billed for any expenses incurred to clean and/or repair to the facility.

COOLWELL COMMUNITY CENTER RESERVATION AGREEMENT

Date requested: _____ Hours from _____ AM _____ PM

Purpose: _____

Number of Guests: _____ Age range of Guests: _____

Use of kitchen facilities: YES _____ NO _____

Note: Kitchen is equipped with a stove, microwave and refrigerator.
Cooking/eating utensils are not provided.

List any outside equipment to be brought in including sound system, stage, etc.

I have read, understand and agree to abide by the **RULES FOR USE OF COOLWELL COMMUNITY CENTER.**

Renter Name: (21years of age) _____

Address _____

Phone (day) _____ (evening) _____

Email _____

Renter Signature

Date

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Office Use Only

Approved by: _____ Date: _____

Rental amount paid: _____ Cash/Check/Credit Card

HOLD HARMLESS AGREEMENT

Amherst County Recreation & Tourism does not provide liability insurance for non-county events.

ACTIVITY: _____

DATE: _____

WAIVER FOR PARTICIPANT

In consideration of your accepting my entry, I hereby, for myself, my heirs, executor and administrator, waive and release any and all rights and claims for damages I may have against the Amherst County Recreation & Tourism Department and its representatives, successors and assigns, for any and all injuries suffered by myself, my child, or my guests at any activity I have at the Coolwell Community Center.

MEDICAL RELEASE

I hereby grant authority to any qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

Signature

RENTER'S NAME: _____

ADDRESS: _____

PHONE NO.: _____ **WORK NO.:** _____