



THE CITY OF BRUNSWICK MARYLAND

1 WEST POTOMAC STREET · BRUNSWICK, MARYLAND 21716 · (301) 834-7500

CITY PARK BUILDING RENTAL AGREEMENT

Name:	_____	Date:	_____
Address:	_____		
City/State/Zip:	_____		
Phone #:	_____		
Email Address:	_____		

Type of Activity/Event:	_____		
Building Space Needed:	<input type="checkbox"/> ½ of building	<input type="checkbox"/> Whole building	
Date of Event:	_____		
Event Start Time:	_____		
Event End Time:	_____		

To the fullest extent permitted by law, the undersigned Organization/Individual agrees to indemnify and hold the City of Brunswick, its elected and appointed officials, employees and volunteers and other working on behalf of the City, harmless from and against all loss, cost, expense, damage, liability or claims, whether groundless or not, arising out of the bodily injury, sickness or disease (including death resulting at any time wherefrom) which may be sustained or claimed by any person or persons, or the damage or destruction of any property, including the loss of use thereof, based on any act or omission, negligent or otherwise, of the Organization/Individual, or anyone acting on its behalf in connection with or incident to the Brunswick City Park Building scheduled for the above stated date, except that the Organization/Individual shall not be responsible to the city, or indemnity for damages caused by or resulting from the City's sole negligence; and the Organization/Individual shall, at its own cost and expense, defend any such claims and any suit, action, or proceeding which may be commenced hereunder, and the Organization/Individual shall pay any and all judgments which may be recovered in any suit, action or proceeding, and any and all expense including, but not limited to, costs, attorney's fees and settlement expenses, which may be incurred therein.

I/we agree to follow all of the Rules and Regulations set forth for the use of the facility, including returning the facility to the condition it was found in, and returning the key(s) to City Hall on the first business day after use. Violators of the aforementioned may result in forfeiture of security deposit or future facility use.

Authorized Signature:	_____	Date:	_____
Witness:	_____	Date:	_____

OFFICE USE ONLY

Facility Rental Fee:	_____
Deposit Amount:	\$50.00
Total Amount:	_____
Payment Type:	<input type="checkbox"/> Cash
	<input type="checkbox"/> Check
	<input type="checkbox"/> Credit Card



THE CITY OF BRUNSWICK MARYLAND

1 WEST POTOMAC STREET · BRUNSWICK, MARYLAND 21716 · (301) 834-7500

CHECK REQUEST FORM

Note: Any and all security deposits will be reimbursed via check by The City of Brunswick by completing the following form.

Check Payable To:	
Street Address:	
City, State, Zip:	
Phone #:	
Email Address:	
Purpose:	Deposit Refund
Check Amount:	\$50.00

FOR OFFICE USE ONLY

Approved by:	Date:
Approved by:	Date:
GL Expense Account(s):	10-000-00-2150