

Town of Plymouth
 Recreation Department
 11 Lincoln Street
 Plymouth, MA 02360
 (508) 747-1620 Ext 137
 www.plymouthrec.com

<u>For Office Use</u>	
Cash \$	_____
Check #	_____
Amount \$	_____
Date	_____

- Make check payable & return to: **Plymouth Recreation Department.**
- There will be a \$25 charge for any returned checks.
- **Refund requests must be submitted no later than 5 business days before day of the event.**
- There is a \$10 processing fee for all refunds requested.

	Date	Time	Base Cost / 2 hrs	Add'l hours	@ \$35/hr	Total Due
MYC Rental			\$80.00			

NAME OF RESPONSIBLE PARTY: (LAST) _____ (FIRST) _____

NAME OF ORGANIZATION: _____

ADDRESS: _____
(STREET / P.O. BOX) CITY/TOWN STATE ZIP

HOME #: _____ WORK#: _____ CELL#: _____

EMAIL ADDRESS: _____

REASON FOR RENTAL: _____

The Manomet Youth Center **Rental Fee (Base Cost)** entitles you to use of the Facility for the specified time including gym, party room, and tables and chairs in the party room, equipment and game room. **A staff person from the Recreation Department is required to attend all rental functions, to ensure rental policies are followed.** It does not include any additional time for the set up or breakdown of the event.

Event planner is responsible for making sure the facility, all equipment and games are left in the same condition they were before use.

User will be responsible for reimbursing the Town for any damages to the facility, equipment, or game room.

Every person attending the event **MUST** sign the attached WAIVER.

Signature: _____ Date: _____

**Town of Plymouth
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W A I V E R

PARTICIPANT'S NAME: (LAST) _____ (FIRST) _____

SEX: M / F D/O/B: ___/___/___ AGE: ___ MEDICAL INFO: _____
(ALLERGIES/MEDICATIONS/LIMITATIONS)

ADDRESS: _____
(STREET / P.O. BOX) CITY/TOWN State ZIP

CONTACT NAME: _____

HOME #: _____ WORK#: _____ CELL # _____

EMAIL ADDRESS: _____

I, the parent/guardian of the child named above (or adult participant named above), have been made aware that the Town of Plymouth, the Recreation Department, and its related parties are not covered by insurance for persons injured while taking part in Recreation Department programs. In consideration of my child's upcoming participation, I hereby hold the Town of Plymouth, its servants and employees and related parties harmless from any injury my child may incur during said participation. Further, I am delegating authority in advance of any specific diagnosis or treatment to an authorized person from the Recreation Department and the doctor/clinic/hospital to exercise their best judgment as to necessary medical/surgical treatment for my child in the event I cannot be reached. I agree to hold harmless the Town of Plymouth, the Recreation Department, its servants and employees, its related parties and the doctor/clinic/hospital treating my child for failure to obtain my consent. I further grant authorization for any pictures taken of my child to be used for publicity and promotional purposes.

Signature: _____ Date: _____

All participants or parent/guardian must fill out a waiver.