

Reservation to Use Community Building for All-Members Event

Lot Number:

The Community Building is available for use by Association Members on a first come first served basis. This form is used if you wish to schedule an event to which <u>all</u> Association Members are invited. While this is not an HOA sponsored event, we are happy to notify all members of your activity if you wish us to do so. You may schedule the same event for multiple dates (e.g. game night, First Friday). Please list all requested dates. Multiple dates may be scheduled up to 3 months in advance. Please be aware that there is an <u>occupancy limit of 40.</u> A comfortable maximum is 25-30. The backyard and picnic tables are NOT available for use; the HOA does not own that area. Parking is available only as designated in the parking lot and at the front of the building. If you wish to park along street frontage, please respect neighboring landscape and driveways. There is additional off-street parking at the play park.

Both front and back doors must remain unlocked during the event. Smoking is prohibited on the premises and no alcohol may be served to or consumed by minors. The contact individual listed (and phone number) must be always available and on site during the event in case of an emergency.

Name: _____

Address:		Phone:	
Email:			
Date(s) requested:	Start Time:	End Time:	(10:00 PM Limit)
Purpose:		Number of Attendees:	(40 max.)
All attendees are members of The Reserve at Gearh (If No, please complete the application for a private		sociation Yes _	No
Will alcohol be served:YesNo	If Yes, by whom: _		
If <u>all</u> members of the Reserve at Gearhart Homeow required for use of the building. Please complete a			
I enter into this "Building Use Release Waiver" with using the facility located at 5400 Sheridan Drive. In the Association, its agents and insurers from all claiclaims for personal injury, emotional injury, propert way related to me and my guest's presence at the finot supervised, and I use the facility (including prendassociation is not responsible for any lost or stolen at the facility, I agree to be on site for the duration responsible for the conduct of my guests. I agree to Checklist Form". I will reimburse the Association for I will return the building key to the designated Board	consideration for use ms, demands or suite ty damage, medical effacility or use of the f mises and equipment valuables or propert of my event and to contain the facility and the costs of repairing	chart Homeowners Association are of the facility, I and my guests at law and equity, including beexpenses, loss of services, on actacility and/or equipment. I record entirely at my own risk. I underly from within the facility or on conduct myself in a responsible diperform the duties provided and any damage to the facility re	waive and release ut not limited to count of or in any ognize the facility is erstand that the the property. While manner. I am solely for in the "Facilities sulting from my use.
Print Name:			
Signature:		Date:	



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Facilities Checklist Form

Please complete this form before leaving the premises at the conclusion of your event. If you note any issues of which the Association should be aware, please be sure to let us know.

I have performed the following activities at the conclusion of my event at the clubhouse: Cleaned and stored glassware, disposed of all paper or plastic utensils, dishware and other items used. We have no recycle bin on site. Please take recyclable items home with you to dispose of properly. Folded furniture and stored as found. (If tables are folded, they must be placed on rubber matting) Cleaned kitchen appliances, counter, sink area and floor. Removed all food from refrigerator and building. Removed all trash from baskets and deposited in outside receptacle. Cleaned bathroom toilet, sink area and floor, and replaced amenities as appropriate. Swept floors in main area and cleaned up any spills. Checked entry, patio, porch, and parking areas for debris. Closed any open windows. Turned off all heat sources. Removed all personal belongings, including decorations. Turned off lighting except for switches designated to be left on. Locked both front and back doors. Reported any damage or issues to facilities manager. Print Name: Date of Event:

Signature: _____ Date: _____