

King Island

PHONE (907) 443-2209 • FAX (907) 443-8049



Native Community

P.O. BOX 682 • NOME, ALASKA 99762

**New Building Expansion Boardroom
RENTAL AGREEMENT/LIABILITY RELEASE FORM**

Name/Organization (RENTER): _____ Phone: _____

Person Responsible: _____ Alt. Phone: _____

Address: _____ E-mail: _____

Description of Activity: _____

Date of rental: from: _____ to: _____ Time requested: _____

Please note, rentals terms per day are Midnight to Midnight

**Will there be food and/or beverages served? ____YES ____NO

** Do you need to rent the Sound System? ____YES ____NO

Expected Attendance: _____

CAPACITY IN MAIN AREA: with Tables -50, with Chairs -80; Standing capacity 90

Equipment required (please select what you are requesting but must be returned prior to deposit refund)

_____screen _____chairs _____tables

RENTAL FEES: (MUST BE PAID BEFORE EVENT)

\$125.00 for facility only for any portion of a 24-hour period.

DEPOSITS: (MUST BE SEPARATE CHECK FROM RENTAL FEE AND RECEIVED BEFORE EVENT)

****RENTAL FEES MAY BE COMBINED ON THE SAME CHECK. ALL DEPOSITS MUST BE SEPARATED FOR PROCESSING PURPOSES****

\$250.00 for facility with or without /food and beverage (SEPARATE CHECK FROM RENTAL FEE REQUIRED)

\$200.00 for sound system (SEPARATE CHECK FROM RENTAL FEE REQUIRED)

Date picked up _____ Date Returned _____

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RENTAL AGREEMENT/LIABILITY RELEASE FORM

IT IS THE RESPONSIBILITY OF THE RENTER TO ARRANGE JANITORIAL SERVICES. ALL ITEMS ON THE CLEANUP CHECKLIST MUST BE DONE TO BE ELIGIBLE FOR A REFUND OF THE CLEANING DEPOSIT. A CLEANING CHECKLIST IS ALSO POSTED ON THE WALL IN THE BUILDING. PLEASE BE SURE TO LEAVE THE BUILDING HEAT AT 70 DEGREES WHEN YOUR EVENT IS OVER.

CONDITIONS OF RENTAL AGREEMENT and CLEANUP LIST:

- Decorations are to be hung by masking tape ONLY. ABSOLUTELY no nails, pins or other sharp objects are to be used. This will result in a forfeit of the deposit.
- NO decorations to be hung on the projector screen.
- Trash liners can be found in the lockers in the janitor’s closet.
- Youth activities must have adult supervision the **ENTIRE** time the building is in use.
- Damage to the building and cost of repair will be charged to the **RENTER**.
- Problems with the building or equipment are to be reported to Tribal Coordinators Office ASAP (443-2209).
- The individual signing this form is responsible for informing those using the facility of these conditions.
- The sound system is intended for **IRA USE ONLY**. If you need to use it, you must request and decide in **ADVANCE**. There is a separate deposit and fee for use of this sound system.
- NO SMOKING ALLOWED.
- No alcoholic beverages may be sold and/or consumed in the building.

The King Island Native Community and its employees are hereby released from and against all claims, demands, judgments, costs, expenses including reasonable attorney fees arising out of loss, damage, injury to, death, or emotional distress of persons and/or property occurring during or because of my presence in the King Island Native board room.

For Groups less than 21 years of age, please give the name of the adult responsible for the event:

Name of Supervising Adult

Phone Number

I/WE UNDERSTAND AND AGREE TO COMPLY WITH ALL THE CONDITIONS LISTED ABOVE ON THE ATTACHMENTS OR MY DEPOSIT WILL BE FORFEITED.

RENTER’S SIGNATURE: _____ DATE: _____

REPRESENTING: _____

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SOUND SYSTEM RENTAL AGREEMENT

Sound System Requested: _____ YES _____ NO, do not complete this form.

Renter's Name: _____ Phone: _____

Address: _____ E-Mail: _____

Facility Rented: _____

Purpose: _____

From: _____

To: _____

RENTAL FEES (PAYABLE IN ADVANCE):

\$55.00 + TAX (5%) for a weekday set-up (during normal business hours) = \$57.75

\$110.00 + TAX (5%) for a weekend set-up (or outside of normal business hours) = \$115.50

DEPOSIT (PAYABLE IN ADVANCE, SEPARATE CHECK REQUIRED): \$200.00

NOTE: SALES TAX will be collected on all rentals except those for which the user provides a current

AMOUNT PAID: _____

DATE: _____

RECEIPT: _____

CHECK #: _____, OR

CASH: _____

CONDITIONS OF RENTAL AGREEMENT:

- Damage to the sound system and cost of repair will be charged to the renter.
- Problems with the equipment are to be reported to Tribal Coordinator immediately (443-2209).
- The individual signing this form is responsible to inform those using the system of these conditions.

I/WE UNDERSTAND AND AGREE TO COMPLY WITH ALL THE CONDITIONS LISTED ABOVE OR DEPOSIT WILL BE FORFEITED.

RENTER'S SIGNATURE: _____ DATE: _____

King Island Native Community Hall

CLEANING CHECKLIST

NO SMOKING, chewing, or spitting is allowed inside the building. Ashtray urns are available just outside in front of the building.

NO ALCHOLIC beverages may be sold and/or consumed in the building.

NO PUSH PINS used to hang up decorations.

Clean all tables and chairs.

Wipe down kitchen countertops.

Close and latch all windows.

Vacuum all carpeted areas

Outside remove cigarette butts and trash

Empty all trash cans including the bathrooms. Replace liners. Place full bags in trash can outside the building.

Restrooms: Clean countertops, mirrors, faucets, sinks, toilets and urinal. Empty trash cans and sanitary napkin holder. Sweep and mop.

Turn off all lights

Check and lock all the outside doors.