

**STATEMENT OF RESPONSIBILITY
TOWN OF ROSELAND**

**Roseland Community Center Building
200 Independence Drive
South Bend, IN 46637**

I, _____, Representing _____,
do hereby, by my signature affixed hereinafter, on this date, do commit myself personally and my organization to the Town of Roseland in return for the use of the premises owned by the aforesaid municipality of 200 Independence Drive, as follows:

1. To be responsible for any and all damages to building located on said premise.
2. To be responsible for any and all damages to trees, shrubs, and other nursery stock pertaining to the real estate encompassing such premises.
3. To insure that the building, including restrooms, are clean and in presentable condition.
4. To insure that the building and surrounding area is left in the same condition as when initially rented.
5. To insure that there is No Alcohol brought on the premises and of Community Building.
6. To be responsible for the conduct and safety of participants.
7. To be responsible for any and all court cost and attorney fees and any other litigation expenses incurred by the Town of Roseland in any collection efforts, claims or lawsuits for payments of damages.

RELEASE AND INDEMNIFICATION AGREEMENT

For and in consideration of the Town of Roseland's allowing the undersigned to use the facility listed above, the undersigned, my executors administrator, heirs and assigns, hereby releases and agrees to indemnify agents and employees, from any and all action, causes of action, claim damages, demands, judgment, executions, cost expenses, including attorney fee, and all other claims for damages whatsoever which may hereafter be made, instituted, filed, or recovered against the Town of Roseland, the Roseland Council Members, Clerk-Treasurer, their agents and employees, by the undersigned and any other persons as the result of the use of the above named facility for any activity or event located on the premises. The Town of Roseland, the Roseland Town Council, the Roseland Clerk-Treasurer, their agents and employees are relying on said release, indemnification and hold harmless agreement on the part of the facilities mentioned above.

Authorized Signature _____
Printed of Typed Name _____
Address _____
City/State/Zip _____
Telephone Number _____
Date of Payment _____
Date of Deposit _____

A security deposit of \$100.00 for resident and non-resident fee is required. The deposit is refundable if no damage has occurred to the building, its contents, or the surrounding premises, requirements are met for cleanup, and the key is returned that same day to the pickup point or to Inspection Council Member.

Rental Date _____ Rental Fee _____ Security Deposit _____

Office Signature _____ Date _____