



DUANESBURG AMBULANCE CORPS, INC.

130 Cole Road ~ Post Office Box 130
Delanson, New York 12053-0130

(518) 895-2200 Main Number
(518) 895-2800 Business Fax

Community Room or Pavilion RENTAL AGREEMENT



Community Room Rental

or



Pavilion Rental

Renter Name: _____

Address: _____ Phone Number (s): _____

Email Address: _____ Event Type: _____

Date of Event: _____ Start Time: _____ End Time: _____

Kitchen Use: Yes _____ NO _____ Band/ DJ: Yes _____ NO _____

Any event open to the public that is advertised through electronic or print sources must first be reviewed and approved by the Duanesburg Ambulance Board of Directors.

Please Note:

- All checks must be made payable/mailed to **Duanesburg Ambulance**, PO Box 130, Delanson, NY 12053
- All donations and fees must be **paid in full** no less than one week prior to the event.

Reservation/Cleaning/Damage Deposit:

A \$100.00 refundable reservation/cleaning/damage deposit will be taken upon reservation of the Community Room or the Pavilion. No event will be scheduled without receipt of check/cash deposit or payment in full. Upon request, the \$100.00 deposit will be returned to the Renter after satisfactory secondary inspection (minus any cleaning fees or damages assessed). If the deposit isn't requested within 30 days, it will be considered a donation to the Corps. There will be a \$50.00 returned check fee for all NSF checks. (The Community room Floor is hardwood so please do not push or drag heavy items around the room).

Conditions:

An inspection of the facility will be conducted prior to any guest being allowed into the building. This inspection will consist of the Renter and a Duanesburg Ambulance employee or volunteer inspecting all rooms and equipment, noting the condition in which all rooms/equipment are to be in at the conclusion of the scheduled event. A secondary inspection will be carried out at the conclusion of the event, prior to the cleaning/damage deposit being returned to the Renter.

- This is a non-smoking building.
- The Duanesburg Ambulance bays are always off limits to the public.
- No tacks or tape on the walls, windows or ceiling. Some decorations may be hung with prior approval of the Board of Directors.
- No sitting on tables or standing on chairs.
- No one is to wander through the Duanesburg Ambulance facility and or property.



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CAPACITIES:

- The Community Room is restricted to ninety-nine (99) people.
- The Pavilion is restricted to 120 people

Community Room Rental Donation

- Rental donation of the Community Room is **\$200.00 a day**. Full use of tables and chairs, and bathrooms
- Full use of the kitchen, including ovens/stove, requires an additional donation of **\$150.00 per day**. Due to training please **NOTE a member of the Duanesburg Ambulance must be present to utilize the kitchen and must be set up in advance.**

Pavilion Rental

- Rental donation for the pavilion is **\$400.00 per day**
- Full use of the outdoor space includes the yard, parking area, bathroom, barbecue, benches/tables

Late Cancellation Fee:

Notice of cancellation must be given to Duanesburg Ambulance treasurer / office manager no less than three (3) weeks prior to the events scheduled date to receive a full refund. Cancellations submitted less than three (3) weeks prior to the events scheduled date will be assessed as a \$50.00 late cancellation fee.

Damages/Unkept Conditions:

NO TACKS OR TAPE TO BE USED ON THE WALLS, DOORS, OR CEILING.

- Should any damage occur to the facility while in use, the Duanesburg Ambulance office manager must be notified immediately.
- All damages will be assessed, estimates of repair will be obtained, and cost of said repair will be subtracted from the reservation/cleaning/damage deposit prior to refund.
- The Renter is responsible for leaving the facilities in the same condition found upon pre-inspection.
- Should any cleaning need to be done by Duanesburg Ambulance, the rental deposit will be forfeited.
- Cleaning supplies such as brooms, mops, buckets, and soap will be provided by the Duanesburg Ambulance.
- The affixing/removal of any posters, signs, banners, or other material to painted wall surfaces or ceiling with tape, nails, or any other device is prohibited.

Insurance Requirements:

At the time of payment, the Renter **MUST PROVIDE** a certificate of insurance naming Duanesburg Ambulance as second insured on their home owners policy in the amount of not less than \$1,000,000.00 (one Million Dollars) The Renter also agrees to Hold Harmless, Indemnify and Defend the Duanesburg Ambulance from any and all claims arising from the event. The consumption of alcoholic beverages in connection with the event and further agree and represent that alcoholic beverages will not be dispensed or served in violation of the General Obligations Law and/or State Liquor Law.

Event Cut off/Noise Ordinance:

Curfew on Friday and Saturday - Music will stop by 11:00 PM with the party ending by midnight.

Curfew on Sunday through Thursday - Music will stop by 10:00 PM with the party ending at 11:00 PM. Our neighbors are very important to us. We ask that you keep all noise and music at an appropriate level after dark. The Duanesburg Ambulance reserves the right to lower the volume on any music or noise deemed inappropriate for the time of day.



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Parking:

All guests will park in the guest parking lot. DO NOT park in the reserved spaces or in the "Ambulance Parking" lot. No Parking is allowed on the grass. Failure to abide by these parking instructions may result in forfeiture of deposit and/or towing of offending vehicles.

Garbage:

All garbage and refuse are to be disposed of in the garbage cans provided. At the end of the event, all garbage must be removed from the facility cans, the garbage bags shall be tied tightly and disposed of in the dumpster located behind the building located at 130 Cole Road. In the event of the dumpster is full, the garbage bags shall be placed, tightly tied, by the dumpster. It is the responsibility of the Renter to dispose of any garbage produced because of scheduled event.

Miscellaneous:

Event guests shall not wander the halls or other areas of Duanesburg Ambulance outside of the designated event area without being accompanied by a member of Duanesburg Ambulance. At no time is any unsupervised guest allowed near or to play on any piece of ambulance apparatus. Any unsupervised guest found outside of the designated event areas will be escorted back to the community room. Any guest found outside of the designated areas a second time will be asked to leave the premises. The use of Bouncy Bounces, Climbing Rock Walls, or any other entertainment device is **allowed only with an additional certificate of insurance** delivered to and verified by the Duanesburg Ambulance at the time of payment. The Certificate of Insurance must not be less than **two million dollars**.

By signing this rental agreement, the undersigned holds Duanesburg Ambulance harmless against all such claims, damages, losses and expenses, including reasonable attorney fees, because of the event. This provision is intended by the parties to be broadly interpreted to accomplish the goal of relieving the Duanesburg Ambulance from any cost or liability associated with the event.

I, the undersigned, have read, understood, and agree to all the conditions and provisions as set above. I will complete the Pre-Event Inspection form the day of the event and am satisfied that the facility is in working order and will meet the needs of my event as is. () Initials of Renter

Renter/Contact Person Signature: _____ Print Name _____

Date: _____

Duanesburg Ambulance Member Signature: _____

Date: _____

FOR OFFICE USE ONLY

Rental Agreement signed and deposit given? _____

Amount Collected _____

Pre-event inspection completed? _____

Post-event inspection completed? _____

Reservation/Cleaning/Damage Deposit received? _____

Rental Fees received? _____

Cleaning/Damage/Cancellation Fee assessed? _____

Net \$ refunded back to Renter: _____



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COMMUNITY ROOM, PAVILION & KITCHEN RENTAL INSPECTION FORM

Event / Rental Name: _____

Date of Event: _____

Time In: _____ Time Out: _____

Renter's Name: _____

Phone/Email: _____

COMMUNITY ROOM () KITCHEN ()

PAVILION ()

SECTION 1: GENERAL INFORMATION

Item	Pre-Inspection (✓/Notes)	Post-Inspection (✓/Notes)
Doors & Locks Functional	_____	_____
Lights & Fixtures Working	_____	_____
Floors Clean / Undamaged	_____	_____
Walls / Paint / Trim Condition	_____	_____
Windows / Blinds Intact	_____	_____
Smoke Alarms / Emergency Exits Clear	_____	_____

SECTION 2: KITCHEN AREA

Item	Pre-Inspection (✓/Notes)	Post-Inspection (✓/Notes)
Counters Clean / Undamaged	_____	_____
Sink / Plumbing Functional	_____	_____
Oven / Stove / Microwave working	_____	_____
Refrigerator / Freezer	_____	_____
Trash / Recycling Emptied	_____	_____
Supplies (paper towels, soap, etc.)	_____	_____
Floor Clean / Free of Debris	_____	_____



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SECTION 3: COMMUNITY SPACE

Item	Pre-Inspection (✓/Notes)	Post-Inspection (✓/Notes)
Tables & Chairs (Qty / Condition)		
Decorations / Setup Removed		
Trash Removed		
Bathrooms Clean		
HVAC / Fans / Heating Working		
Audio/Visual Equipment (if any)		

SECTION 4: PAVILION SPACE

Item	Pre-Inspection (✓/Notes)	Post-Inspection (✓/Notes)
Tables & Chairs (Qty / Condition)		
Decorations / Setup Removed		
Trash Removed		
Bathrooms Clean		

SECTION 5: INSPECTOR & RENTER SIGNATURES

Name	Signature	Date
Pre-Inspection - Staff		
Pre-Inspection - Renter		
Post-Inspection - Staff		
Post-Inspection - Renter		

Any concerns or issues please document
With a picture and email to
Treasurer@Duaneburgambulance.org