

Town of Faison
 Anne Stroud Taylor Recreation & Wellness Center
Facility Rental Application

The Anne Stroud Taylor Recreation and Wellness Center can be rented and reserved when space is available in accordance with the Recreation and Wellness Reservation and Rental Policy. The Recreation and Wellness Center facilities include a **large multipurpose room, gymnasium, and kitchen**. Application should be submitted at least 2 days prior to rental date applied for.

Applicant Information	
Name of Individual/Organization: _____	
Contact Person (if not applicant) _____	Contact #: _____
Emergency Contact Person: _____	Emergency Contact # _____
Contact Email Address: _____	
Address: _____	City: _____ Zip: _____
Are you a member of Recreation/Wellness Center? Yes ____ Membership # ____ No ____	
Photo ID Required for Non-Members	

Please identify the areas of the facility you wish to rent:	Fee Amount
<input type="radio"/> Multi-Purpose Room	\$ _____
<input type="radio"/> Multi-Purpose Room & Kitchen	\$ _____
<input type="radio"/> Gymnasium	\$ _____
<input type="radio"/> Multi-purpose room, kitchen & Gym	\$ _____
<input type="radio"/> Classroom	\$ _____

Rental Details	
Requested Rental Date: ____/____/____	Rental Deposit Paid _____ (deposit of \$100 will be refunded after rental)
Number of Attendees Expected: _____	
Set Up Time: _____ - _____	Event Time: _____ - _____
Time of Completed Clean Up: _____ - _____	
Equipment Needed: # of Tables ____ # of Chairs ____ Projector/Screen ____ Yes ____ No	

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Facility Rental Application (Continued)

Type of Use:

- | | | |
|---|---|---|
| <input type="radio"/> Dance | <input type="radio"/> Business Meeting | <input type="radio"/> Wedding Reception |
| <input type="radio"/> Birthday Party | <input type="radio"/> Volleyball Rental | <input type="radio"/> Wedding Shower |
| <input type="radio"/> Company Party/
Banquet | <input type="radio"/> Basketball Rental | <input type="radio"/> Baby Shower |
| | <input type="radio"/> Family Reunion | <input type="radio"/> Other _____ |

Short Description of use:

Decorations to be used:

IF APPLICANT IS AN INDIVIDUAL:

IF APPLICANT IS AN ENTITY:

Print Name: _____

(Print Entity Name)

Signature: _____

By: _____

Date: _____

(Signature of authorized person)

Name: _____

(Print name of authorized person)

Title: _____

(Print capacity of authorized person (President, Vice President, etc.))

LIABILITY WAIVER

In consideration of being allowed to participate in any way in the Recreation and Wellness Center's athletics, fitness room and/or related activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious personal injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or from the conditions of the premises or of the equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accept personal responsibility for the damages of equipment and self.
3. Release, waive, discharge and covenant not to sue the Anne Stroud Taylor Recreation & Wellness Center, the Town of Faison, Commissioners, town employees from any and all liability to each including death or damaged property.
4. Staff members have complete authority to ask anyone to leave the premises at any time.

Staff Signature: _____

Receipt # for deposit: _____

Adopted June 23, 2010 revised August 6, 2014, revised October 2, 2019, revised July 6, 2022

Town Documents/Recreation/New Rules & Agreements/5 Year Plan/Recreation Rental Application