

Coach / Organization Contract

Name of adult responsible for	renting: (last)	(first)	
Cell Phone:	Carrier:	Email:	
Address:			
Insurance Carrier:			
*Certificate of Liabi	lity Insurance R	equired	
Date(s) and Times Requested	;		
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Dental Arms and ant			

Rental Agreement

I have read and agree to abide by the rules provided to me in connection with my request to rent the
Courts at Clear Creek. By my signature, I acknowledge receipt of the rental agreement and of the clean-up
checklist provided with this form.

Signed:_____ Date:_____

Hold Harmless Agreement

I recognize that the activity I propose to conduct at the Courts at C	lear Creek involves the risk of injury and
by entering into this agreement, I,	, as the person in charge, agree to
defend, indemnify, and hold harmless the Courts at Clear Creek, it'	s representatives, and/or assignees for
injury or property damage suffered by myself or anyone in connect	tion with or incident to the rental of the
Courts at Clear Creek under this agreement.	

Signed:_____ Date:_____

Administrative Use Only			
Facility Supervisor: Marked of		Calendar:	
Total hours of rental: Rental date:		Rental Fee:	_ Deposit:
Date of deposit and fee received: Code given:		Date:	
Date Certificate of Liability Insurance received:	Total Due:	Due Date:	: