

CTRHOA

CLUBHOUSE RENTAL FEE AGREEMENT

Property Owner Name: _____ Lot # _____

Organization : _____

Event Description: _____

Approximate # of people to attend: _____

Approximate # Non-Timber Ridge Property Owners to attend: _____

Max Occupancy 100 persons

Event Date : ____/____/____ through ____/____/____

Event Time: Start at _____ am/pm and Ends at _____ am/pm.

Clubhouse hours are 7:00am – Midnight only.

I acknowledge that I have read and received a copy of the Use Rules for the Clubhouse.

- **I agree to provide liability insurance coverage while using the Clubhouse facilities.** A copy of the Certificate of Liability Insurance naming Colorado's Timber Ridge Homeowners Association as Additional Insurer must be submitted no later than two weeks prior to the event.
- I agree to assume responsibility for any property damage caused as a result of this use.
- **I agree that neither I nor any other person attending the function described herein will sell any alcoholic beverages on Colorado's Timber Ridge Homeowners Association premises.** I further agree that no admission or other charges will be collected if alcoholic beverages will be available, and I agree that I will not seek any donations to cover the costs of the alcohol, food, or other beverages being served. I understand that if alcoholic beverages are served or consumed on the premises that:
 1. I will personally indemnify and hold Colorado's Timber Ridge Homeowners Association harmless from any and all losses, liability, damages, and expenses (including attorney's fees) resulting from any injury or damage in any way associated with the use of clubhouse premises and with the consumption of any alcoholic beverages on those premises; and **I will personally assume responsibility for compliance with the Colorado drinking age law.**

- I hereby, for myself and my guests, waive and release any and all claims for damages alleged due to negligence or for any reason, which I or my guests may have against the Colorado's Timber Ridge Homeowners Association, its Directors and all employees, representatives, successors and assigns for any and all injuries suffered by myself or my guest.

_____ Property Owner Signature
_____ Property Owner Printed Name
_____ Organizations Representative Name
_____ Organizations Representative Signature
_____ Organizations Mailing Address
_____ Organizations Representative Phone Number
_____ Organizations Representative Email Address.

User Fee _____

Received _____ Check/Receipt# _____

Cleanup/Maintenance Deposit _____

Received _____ Check/Receipt# _____

CERTIFICATE OF INSURANCE RECEIVE _____