



City of Grayling
1020 City Blvd - PO Box 549
Grayling, MI 49738
Phone - (989) 348-2131 Fax - (989) 348-6752

WAIVER OF DAMAGE

Date: _____

Organization Name: _____ Phone: _____

Mailing Address: _____

Event/Activity: _____

I, _____, understand and realize that using the
(printed name of responsible person)

City of Grayling's Council room could include actions or tasks which may potentially cause damage to items in the room and/or the room itself.

By signing below, I agree that City Hall's Council room will be left in the same condition as when we arrived. The room will be cleaned and verified using the check list received prior to signing this Waiver of Damage.

I also understand if the Council room is not clean and/or are damages caused, that
_____ will cover the cost of cleaning (per hourly rate) or
(name of organization)

repair of damages (cost of item(s) and labor) and the City of Grayling will invoice said organization for all costs associated with the damages. In the event of damages, future deposit(s) may be required prior to reserving City facilities.

Signed waivers are kept on file and valid for 1 calendar year. Waivers must be signed prior to using the facility.

Signature

Phone

Signature of City Hall Staff: _____ Date: _____

Waiver of Damage is Valid from January 1, 20____ to December 31, 20____