

**COMMUNITY ROOM RESERVATION AND INDEMNIFICATION AGREEMENT
HAWTHORNE PLACE CONDOMINIUM**

NAME OF UNIT OWNER/RESIDENT: _____

UNIT #: _____

TELEPHONE _____

RESERVATION DATE REQUESTED: _____

HOURS FROM: _____ TO _____

MAXIMUM # OF GUESTS: _____

PROPOSED USE:

I hereby request to reserve the COMMUNITY ROOM at Hawthorne Place Condominium for the date, time and use set forth above. In consideration thereof, I have paid a NON-REFUNDABLE **\$50.00 Rental Fee** and a **\$250.00 security deposit** and agree that such use shall be subject to the following terms and conditions.

1. I shall personally be present during the entire event for which I have reserved the COMMUNITY ROOM.
2. I have read the GUIDELINES FOR USE OF THE HAWTHORNE PLACE CONDOMINIUM COMMUNITY ROOM and agreed to fully comply with the terms of this Agreement.
3. The use shall be limited to the COMMUNITY ROOM, and no one shall be permitted in the common areas other than for use of the restroom located in the laundry room.
4. Volume of music and conversation shall be kept at reasonable sounds levels. All guests shall conduct themselves in a responsible manner.
5. No smoking shall be permitted in the community room or any part of the common area.
6. **The sale of alcohol is strictly prohibited.** No alcohol shall be served in any room other than the COMMUNITY ROOM and no alcoholic beverages shall be carried or consumed outside of the building or any other common area of the Premises. Host shall insure that no person under the age of 21 shall be served, sold, or otherwise provided with any alcoholic beverage, nor shall any intoxicated person be served alcohol or be permitted to operate a motor vehicle. The host shall comply with all applicable laws, statute, regulations, and ordinances pertaining to the possession of and serving of alcoholic beverages.
7. No parking shall be permitted in any part of the common area, including the loading dock, drive lane or privately owned parking easements. Visitors shall be directed to the visitor parking lot in front of Building Two.

8. No changes or additions to the COMMUNITY ROOM other than installation of usual and customary decorations that are temporary in nature and can be installed and removed without causing any damage to the COMMUNITY ROOM.
9. Immediately after use of the COMMUNITY ROOM, the room shall be cleaned, including disposal of all trash, cleaning of all furnishings and appliances and vacuuming and sweeping of the room. Any cleaning cost or damages shall be deducted from the security deposit. Damages that exceed the security deposit shall be charged directly to the unit owner/resident.
10. If any repairs are necessary to restore the COMMUNITY ROOM to its original condition, written consent of the Trustees prior to making such repairs. The Trustees shall have the right to deny such repairs. The Trustees shall have the right to deny such permission, and to retain a third party to make such repairs in which case the cost of the repair shall be charged directly to the unit owner/resident.

By the execution hereof, the undersigned hereby releases the Trustees of the Hawthorne Place Condominium Trust, the Hawthorne Place Trust, the unit owners of the Hawthorne Place and/or the agents, servants employees, and attorneys thereof and its management company, its agents, servants employees, and attorneys from any and all liability for any claims, demands injuries, damages, actions or causes of action arising out of or connected in any manner with use of the Community Room. The undersigned further agrees to defend, indemnify and release the Trustees of the Hawthorne Place Trust, the Hawthorne Place Trust, the unit owners of the Hawthorne Place Condominium and/or the agents, servants employees, and attorneys thereof and its management company, its agents, servants employees, and attorneys and hold same to be harmless from any liability for any injury or damage sustained as a result of use of the COMMUNITY ROOM including but not limited to serving of alcohol.

Executed under seal this _____ day of _____, 200_____

Unit Owner/Resident Name

Telephone # (Required)

FOR OFFICE USE ONLY

Rental Fee Check #: _____

Security Deposit Check #: _____

Evidence of Homeowners' Insurance: _____

Waiver of Rental Fee Request: _____

Approved/Denied _____

Acceptance of your reservation is confirmed:

By: _____

Date: _____