

CAROLINA SHORES PROPERTY OWNERS' ASSOCIATION

17 Lakeview Court, Carolina Shores, NC 28467

910-579-2044

cspoa17@gmail.com

CSPOA CLUBHOUSE RENTAL AGREEMENT

DATE & TIME OF EVENT/MEETING: _____

TYPE OF EVENT: _____

NUMBER OF ATTENDEES EXPECTED: _____

The individual signing this agreement hereby assumes responsibility for ensuring that the rules for use of the CSPOA clubhouse are followed by all people attending the scheduled event. By signing this rental agreement, I confirm that I have been informed of all CSPOA policies and procedures governing the use of the CSPOA clubhouse. I also understand that the CSPOA is not responsible for any personal injury or property damage occurring to anyone participating in the above event, and the above named organization/individual does hereby forever discharge, release, and hold harmless the Carolina Shores Property Owners' Association, its Board and Members, and Staff from any possible liability or claims resulting from any personal injuries or property damage suffered by this individual or organization, its members, or other participants connected with the use of the CSPOA clubhouse for the scheduled event.

The individual signing this agreement hereby assumes full responsibility for cleanup (including bathrooms) and removal of trash. If the facility is not left in the condition in which it was found (including restoring furniture to its original positions), the security deposit paid to use the clubhouse will be forfeited.

In addition, the above named individual assumes responsibility for any damage caused to the clubhouse or to any CSPOA equipment used for the event and understands that if the cost for repairing the damage to CSPOA property that occurs during this event exceeds the amount of the security deposit, the member making this reservation will be billed for all additional costs and unpaid bills may result in a lien being attached to the member's property. The CSPOA reserves the right to suspend all future use of its facilities by this individual if misconduct occurs or procedures are not followed.

I further understand that the individual signing this agreement is responsible for the full fee for the time reserved, whether or not the room is used for the entire time, unless the CSPOA is notified of a change or cancellation at least 24 hours in advance, or by Friday at Noon for a weekend rental. I understand that the CSPOA reserves the right to cancel a reservation in cases of urgent need.

Printed Name of CSPOA Member Responsible for this Reservation

Signature of CSPOA Member Responsible for this Reservation

Date

Address

Phone

CSPOA Representative Accepting The Reservation

Date

Rental Fee (\$100) Paid: \$ _____

Security Deposit (\$75) Paid: \$ _____