

CAROLINA SHORES PROPERTY OWNERS ASSOCIATION  
17 LAKEVIEW DRIVE, CAROLINA SHORES, NC 28467  
910-579-2044 EMAIL: [cspoa@carolinashores.net](mailto:cspoa@carolinashores.net)

**CSPOA CLUBHOUSE RENTAL AGREEMENT**

**DATE & TIME OF EVENT/MEETING:** \_\_\_\_\_

**TYPE OF EVENT:** \_\_\_\_\_

**NUMBER OF ATTENDEES EXPECTED:** \_\_\_\_\_

**NAME OF CSPOA MEMBER RESPONSIBLE FOR THIS RESERVATION:**

\_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

The above named individual hereby assumes responsibility for ensuring that the rules for use of this facility 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 this facility. 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 and its Board 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 facility for the scheduled event. The above named individual hereby assumes full responsibility for cleanup (including bathrooms) and removal of trash from any CSPOA facility used. If the facility is not left in the condition it which it was found (including restoring furniture to its original positions) the security deposit paid to use the facility will be forfeited. In addition, the above named individual assumes responsibility for any damage caused to the facility or to any CSPOA equipment used in the event and understands that if the cost for repairing 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 named above 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.

**DATE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

\_\_\_\_\_  
(CSPOA Member Making The Reservation)

\_\_\_\_\_  
(CSPOA Representative Accepting The Reservation)

**Rental Fee Paid:** \_\_\_\_\_ **Security Deposit Paid:** \_\_\_\_\_

(Updated 9/30/08)