

Table and Chair Agreement

NAME: _____ DATE: _____

CONTACT NUMBER: _____

NUMBER OF TABLES: _____ CHAIRS: _____

PICKUP DATE: _____ DROP OFF: _____

A deposit check in the amount of \$80.00 is required payable to BCCC.

There is an \$80.00 per table replacement fee for each damaged/missing table.

There is a \$25.00 replacement fee for each damaged/missing chair.

WAIVER

I, _____ (initial), understand and acknowledge that the use of a table/chair entails both known and unknown risks including, but not limited to, physical injury from falling, slipping, crashing or colliding, emotional injury, paralysis, distress, damage or death to any participant. I hereby voluntarily and expressly release, indemnify, forever discharge and hold harmless BCCC/its employees/recognized volunteers from any and all liability, claims, demands, causes or rights of action whether personal to me or to a third party, which are in any way connected with participation in this activity, including those allegedly attributable to negligent acts or omissions. Should BCCC or any BCCC employee or volunteer acting on behalf of BCCC be required to incur attorney's fees and costs to enforce this agreement, I expressly agree to indemnify and hold such parties harmless for all such fees and costs. I agree that if any portion of this agreement is found to be void or unenforceable the remaining portions shall remain in full force and effect. In consideration of being permitted by BCCC to use its equipment, the initialed and all participants agree to indemnify and hold harmless BCCC from any and all claims which are brought by the undersigned and/or their participants and which are in any way connected with such use or participation.

Signed

Office Use: Deposit Received/Check Number

Date

Return Deposit Approved

Approved by

Date
