

# TOWN OF LONG VIEW

2404 FIRST AVENUE, SOUTH WEST  
LONG VIEW, NORTH CAROLINA 28602  
(828) 322-3921



Please PRINT OUT, FILL OUT, and BRING IN to Town Office

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS NAME (IF APPLICABLE): \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ DATE RESERVED: \_\_\_\_\_

REASON FOR RENTAL: \_\_\_\_\_ (PARTY, REUNION, ETC.)

## LIABILITY

I, \_\_\_\_\_, by the signing of this document do accept responsibility for any property loss and/or damage to the Long View Recreation Center while I am renting and in control of the facilities.

I, also, agree to and understand that if there is property loss and/or damage to the facilities that the Town of Long View may withhold part or all of my deposit for the amount of such property loss and/or damage.

I, also, agree to and understand that before my deposit will refunded, the building will be checked for property loss and/or damage BEFORE it is used again.

I, \_\_\_\_\_, by signing this document have received a copy of rules and regulations of the rental of the Long View Recreation Center and do agree to follow these rules and regulations set forth by the Town of Long View regarding the use of the facilities.

I, do hereby, release the Town of Long View and the Town of Long View Recreation Department of any and all liability in case of an accident or injury.

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SIGNED

DATE

WITNESS