

**LEIGHTON TOWNSHIP FACILITY  
4451 12<sup>th</sup> St. Wayland MI 49348  
RENTAL AGREEMENT**

Library Room                       Township Room

**Date(s) Requested:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Name or Organization (if any)/Family:** \_\_\_\_\_

**Name and Address of Person Responsible (must sign this application):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_  
Cell: \_\_\_\_\_

**E-Mail Address:**

\_\_\_\_\_

**Residence Status (check one):**    Leighton Township Resident \_\_\_\_\_    Non-Resident \_\_\_\_\_

**Describe intended use of the facility. Use will be limited to the uses described and approved.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned and above named, have received and understand the rules and regulations regarding the rental of the Leighton Township Facilities and accept full responsibility for the proper implementation of those rules and regulations during the rental period and use of the Facility. By my signature I accept liability for any cost incurred by the Township as a result of any violation of the rules and regulations during that rental period.

**INDEMNIFICATION AGREEMENT**

The lessee agrees to conduct its activities upon the premises so as not to endanger any person lawfully thereon and to indemnify and save harmless the lessor against any and all claims for injury to person or property (including claims of the employees of the lessee or any contractor, subcontractor, or invitee) arising out of the activities contracted by the lessee, its agents, members, or guests, or invitees.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness (Township Staff Member)** \_\_\_\_\_ **Date:** \_\_\_\_\_