



# 2026 Willard Community Center Room Reservation Agreement

Once complete, please submit your request in person, email ([sarahr@willardcommunitycenter.org](mailto:sarahr@willardcommunitycenter.org)), or mail to Willard Community Center 1245 S. Folsom Street Lincoln, NE 68522

<p><b>Event Description</b> (party, meeting, hobby group, etc.)</p>	
<p>Date of Event</p>	
<p>Day of the Week of the Event</p>	
<p>Name of Event</p>	
<p>Anticipated Number in Attendance</p>	
<p>Contact Information Name &amp; Phone Number Billing Address Email Address</p>	
<p>Event Timetable: Start &amp; End Time (please see page 2 for allowed time durations)</p>	
<p>Is This a One-Time Request or Ongoing?</p>	<p>If ongoing, please list the <u>first day to the last day</u> of the request.</p>
<p>Other Important Details</p>	
<p>Room Requested to be Rented (please see page 3 for more information)</p>	



# Willard Community Center Room Reservation Agreement

**Rental rates are based on 4 hours. There will be an additional fee for each extra hour.**

**Rentals may not last longer than 6 hours and no later than 9:00 p.m.**

**A \$100 deposit will be due at the time of reservation.**

**The deposit fee will be returned after the rental date with no issues.**

**Check or cash is the preferred payment method for deposits for easy returns.**

**The deposit fee and reservation fee are to be separate payments.**

**The deposit fee will not be returned if there is damage to the room/building, the room/building has been left dirty, and/or any issues with the rental process during the event.**

- I understand that I am responsible for contacting **Sarah Reinke (402-310-3262)** to open the building for my event, and I would need to call her to lock the building when my event finishes. If I fail to notify Sarah to lock the building, I understand I am forfeiting my deposit fee.
- I understand there maybe decorations/children's art hung in the room being rented and will not remove any said items. (This includes any toys/children items in the room)
- I understand that I can only use the rented room and restrooms. The rest of the building is to remain unoccupied.
- I will not allow anyone to play on the stairs or elevator.
- I understand that all events are finished, and the building is locked up by 9:00 p.m. I know I am forfeiting my deposit fee if I am not out of the building by 9:00 p.m.
- I understand that I am responsible for anyone entering the building during my event, even if they are not my guests.
- I understand that no alcoholic beverages or illegal drugs are allowed in the building or property. If anyone at my event is found to have alcoholic beverages or illicit drugs on the property, we will be asked to leave immediately, and my deposit will not be refunded.
- I understand that smoking/vaping of any kind is not allowed in the building or on the property.
- I understand that fog machines are not allowed in the building.
- I understand I may be responsible for any property damage, including clean-up expenses.
- I understand that I am responsible for the building and grounds care, maintenance, and clean-up. I must remove all trash and put it in the dumpster on the north side of the building, sweep, and Swiffer floors as needed.
- In case of inclement weather, I understand that I can reschedule my event for the next available day on the Willard Community Center rental calendar or be refunded the fee and deposit.
- I understand I will be charged for the 4-hour rate even if my event does not last four hours. \*Weekend rentals only.\*
- I understand that during the summer, the rooms are used as classrooms. Therefore, posters, artwork, etc., may be on the walls that will not be taken down.
- I understand that I am not to use tape on any Willard walls. (Push pins are acceptable to use.) If there is damage to a Willard wall or paint, I understand my deposit will not be refunded.
- I understand that any items in the refrigerator/freezer belong to Willard Community Center and therefore not available to use/eat/drink.
- I understand the failure to follow the Willard Community Center Room Reservation Agreement; I will no longer be able to rent the Willard facility for future use.

## **Equal Opportunity and Non-Discrimination Policy**

Willard Community Center pledges its full support for all customers, regardless of race, color, religion, sex, disability, national origin, age, marital status, sexual orientation, status as a veteran, pregnancy, childbirth or related medical condition, or any other protected characteristic as established by federal, state, and local law.

The Executive Director is responsible for this policy and will take appropriate disciplinary action against any customer violating this policy. The Executive Director will report all reports of such policy violations to the Board of Directors. If you have any questions or concerns about this policy, you should refer them to the Executive Director.

## **If you have any questions or concerns, please contact:**

Sarah Reinke 402-475-0805 ext 101 (during working hours) OR 402-310-3262 after hours.



# Willard Community Center Room Reservation Agreement

ROOM	WEEKEND RATE	WEEKDAY RATE
2nd Floor South & SW Room (with kitchen)	\$300 (for 4 hours, \$50/each additional hour)	\$50/hour
2nd Floor North Room (with a kitchenette) *Weekday rental only		\$180 (4 hours, \$45/each additional hour)
3rd Floor SW Room *Weekday rental only		\$135 (4 hours, \$34/each additional hour)
3rd Floor SW Room *Weekday rental only		\$135 (4 hours, \$34/each additional hour)
Classes that meet once a week (craft, exercise, hobby groups)		\$45/week
Groups/classes that meet once a month		\$45/month

Pictures of the rooms are available on our website, [willardcommunitycenter.org](http://willardcommunitycenter.org), or you may call 402-475-0805 ext. 101 to schedule a tour with Sarah Reinke.

## Parking Guidelines

Free parking is available but not guaranteed.

The parking lot is shared among the non-profit campus (Mourning Hope Grief Center, Lutheran Family Services, and Schroeder Park). You may have a limited parking area if the other non-profits have events. Please plan accordingly.

There are two ADA parking spaces available in front of Willard Community Center.



# Willard Community Center Room Reservation Agreement

**Waiver of Liability and Hold Harmless Agreement**

I expressly agree and promise to accept and assume all of the risks existing in the rental of this facility. I agree to release, hold harmless and /or indemnify and defend Willard Community Center and its officers, agents, and employees from all liability, costs, or expenses resulting from accidents or injury to, or for the death of, any person or property directly or indirectly arising from the use of this facility. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, any parties in attendance during this rental period, or any loss or damage to personal property during the rental of this facility. It is my intent that this Waiver of Liability and Hold Harmless Agreement bind the members of my family and spouse, if I am alive, and my heirs and personal representative, if I am deceased, and shall be deemed as a Release Waiver, Discharge and Covenant not to sue the above-named facility.

In signing this release, I acknowledge and represent that I have read the foregoing Room Rental Request and Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least nineteen (19) years of age and fully competent. My signature further indicates that all information provided on the Room Rental Request is true and correct.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Willard Community Center Use Only	
Approved	Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="float: right; margin-top: 5px;">             Initials _____ Date _____           </div>
Updated on calendar	Initials _____ Date _____
Deposit Received	Initials _____ Date _____
Payment Fee Received	Initials _____ Date _____
Additional Notes	