

Birchbrook II Condominiums Homeowners Association

Birchbrook II Condominiums Clubhouse Reservation and Waiver

I hereby request the use of the Birchbrook II clubhouse on _____
between the hours of _____ and _____.

Attached is my deposit for \$50.00 payable to Birchbrook II Condominiums.

I have received a copy of the Clubhouse Rules and Usage Policy and I understand and agree to all rules and terms of the policy as well as the following:

- 1) I am a resident of the property.
- 2) I understand that I may reserve use of the clubhouse for my function, but that the pool cannot be reserved for my use, nor may I restrict other residents from using it during my function.
- 3) I am responsible for all preparation for the use of the clubhouse for my function. This includes minor pre-cleaning, set up of tables and chairs, decorations, reporting burned out light bulbs that may need replacing, and adjusting of the thermostat as necessary.
- 4) I assume all liability and responsibility for the conduct and safety of my guests (invited and uninvited) while they are on site during this function.
- 5) I will clean the clubhouse to the condition in which I found it within 24 hours after this function, or earlier if I am informed of another clubhouse reservation that would require me to clean clubhouse sooner.
- 6) I assume all responsibility for damages to the clubhouse and any of the common elements that may have been caused by myself or any of my guests.
- 7) If alcohol is to be served, I am responsible for obtaining any necessary permits and for the conduct and safety of my guests while on site.
- 8) I will ensure that my guests act in accordance with local ordinances and the association's rules and regulations while they are on site for this function.
- 9) I understand that my deposit will be returned to me only after the clubhouse has been returned to the condition in which I found it, and after I have returned the key to management or clubhouse coordinator within 24 hours of my function.

Print & Sign Name: _____ Resident of Unit #: _____

Date: _____ Phone number: _____

For more information and to return this completed form, contact the management company.