

NO SMOKING POLICY:

The Jackson Township Administration Building is a place of public assembly and under Ohio Revised Code Chapter 3794 smoking is prohibited on the property. Receptacles near the front entry are provided only to extinguish cigarettes. The entire facility, both indoors and outdoors, is a posted NO SMOKING AREA.

REGULATIONS FOR USE OF BUILDING:

1. All persons or organizations using the Jackson Township Administration Building must contact the Township Offices at 875-2742 to obtain and fully complete a Meeting Room Reservation Form including the Indemnification Agreement.
2. All persons or organizations reserving the Jackson Township Administration Building must provide a **local contact person**, name, address, and phone number to be verified upon the Meeting Room Reservation Form. In no case will the Township allow use of the building without a verifiable local contact person.
3. All Requests for the Room Reservation must be made in person or by mail; phone reservations will not be accepted without completion of the Meeting Room Reservation Form.
4. All Activities must be completed and the Building cleaned and **closed by 11:00pm**.
5. Any person or organization not returning the Door Key will be **charged \$100.00 if such key is lost and/or not returned**.
6. Maximum capacity of the meeting room shall comply with Local Fire Code Regulations with a posted **limit of 97 people** in the meeting room and seating capacity for 50 persons.
7. **Alcoholic beverages** are strictly prohibited.
8. Eating and drinking are prohibited without prior arrangements approved by the Township and noted on the Meeting Room Reservation Form.
9. Children under the **age of 12** must be accompanied and supervised by an adult.
10. **Open burning** of candles or incense or similar items is strictly prohibited.
11. The meeting room must be **returned to its original condition**, including the removal of all trash, vacuuming the carpets, and replacing all furniture, tables, chairs, etc. in the manner prescribed by the Township.
12. **Posting signs**, banners, flags or other decorations on walls, doors, windows, or on any part of the Jackson Township Building either indoors or outdoors is strictly prohibited.
13. Use of the building sound system or any other equipment belonging to the Township is prohibited unless otherwise approved and noted on the Meeting Room Reservation Form by the Township.
14. All publicly displayed **artwork** shall be undisturbed.
15. All persons or organizations using the Jackson Township Administration Building must follow the rules, regulations and policies of Jackson Township at all times. Failure to follow the rules, regulations and policies of Jackson Township may result in loss of privilege to use the Building.

Jackson Township Administration Building

3756 Hoover Road
Grove City, OH 43123
Phone: 875-2742

MEETING ROOM RESERVATION FORM

DATE OF ACTIVITY: _____
Use Multiple Dates if Used Throughout the Year

TIME: _____ TO: _____ (*Building must be Closed by 11pm*)

NAME OF GROUP: _____

PURPOSE: _____

NUMBER OF PERSONS ATTENDING: _____

*LOCAL CONTACT PERSON: _____

*LOCAL CONTACT PHONE NUMBER: _____

*LOCAL ADDRESS: _____

***All Groups must provide a verifiable local contact person, name, address and phone number.**

INDEMNIFICATION AGREEMENT

_____ agrees to defend, indemnify and hold harmless the Township of Jackson – Franklin County from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against or from Jackson Township. By reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury, or death arises out of or is incident to or expense caused in whole or in part by the negligence of the _____ (name of group), or by third parties, or by the agents, servants, employees or factors of any of them.

I have read the Meeting Room Usage Policy and Indemnity Clause and hereby obligate myself as a representative of the above named organization, to all conditions

(Signature of Representative)

(Date)

(Witness)

(Date)

Cancellation (Must be Received at least one-day in advance of activity)

FOR TOWNSHIP USE ONLY

_____ **Approved**

_____ **NOT Approved**

_____ **Approved with CONDITIONS as NOTED BELOW:**

Approved By: _____ **Date:** _____

Amount Paid: _____ **Receipt Number:** _____