

**Rio Arriba County  
Rental/Lease Agreement  
For Rural Events**

This Rental /Lease Agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_,  
2015 by \_\_\_\_\_, hereinafter referred to as EVENT HOLDER,  
whose address is \_\_\_\_\_  
and Rio Arriba County, New Mexico, hereinafter referred to as COUNTY, whose address is  
1122 Industrial Park Rd, Espanola, New Mexico 87532.

**THE PARTIES AGREE TO THE FOLLOWING TERMS AND CONDITIONS:**

1. The rental of all facilities shall be governed by the Rio Arriba County Policies and Procedures which Are incorporated herein by this reference as if fully set forth herein.

2. Event information:

A. NAME OF THE EVENT: \_\_\_\_\_

B. BRIEF DESCRIPTION OF THE EVENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. DATE OF EVENT: \_\_\_\_\_ TIME: \_\_\_\_\_

D. ESTIMATED NUMBER OF USERS: \_\_\_\_\_

3. **FEES:**

A rental fee of \$ \_\_\_\_\_ shall be paid at least (4) weeks before the time of the Event.  
The balance of the rent due shall be paid at least (2) two weeks prior to the scheduled Event.

DATE DUE: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

4. The Event Holder shall post a separate cleaning/damage deposit in the amount of: \$ **150.00**.  
The deposit will be refunded if the facility is left in a clean state and there are no damages. The deposit shall be due and payable a minimum of 4 weeks prior to commencement of the Event.

DATE DUE: \_\_\_\_\_

**Rental Fees shall be paid by check or money order only.**  
**Make all checks/money order payable to RIO ARRIBA COUNTY.**

**INSURANCE/INDEMNIFICATION:**

The Event Holder shall provide at Event Holder's expense, commercial general liability/ general liability insurance in the amount of \$ \_\_\_\_\_ to provide coverage for all phases of the scheduled Event. **Insurance payment must be made with Credit/Debit Card. Website for Insurance [www.ebi-ins.com/tulip](http://www.ebi-ins.com/tulip)**

A certificate of insurance must be provided to Facilities Management within five (5) days prior to occupying the Facility for any phase of the scheduled Event. The certificate of insurance must name Rio Arriba County as additional insured.

DATE DUE: \_\_\_\_\_

**SECURITY:**

The Event Holder shall provide a copy of security contract from a State Licensed Security Company to Facilities Management within ten (10) working days prior to scheduled Event.

DATE DUE: \_\_\_\_\_

The Event Holder agrees to save and hold harmless the County from all claims, losses, damages, liabilities, expenses, and attorney's fees of any kind, resulting from any phase of the conduct of an Event at a Rio Arriba County Facility except as otherwise stated herein.

**POLICIES AND PROCEDURES:** In signing this Rental Agreement, the Event Holder signifies that he/she has been provided a copy of the Policies and Procedures governing the use of the Rio Arriba County Facility and has had an opportunity to review those policies and procedures.

1. To assume responsibility for all guests and for proper use and care of the facility;
2. To replace or pay for the replacement of furniture, fixtures and other contents that are broken/missing during or as a result of the use of the facility, **no decorations on walls or ceilings;**
3. To secure all doors, windows and gates after use; (all keys must be turned in the next business day before **(12:00 Noon)**);
4. Rooms, including restrooms, must be left clean
5. To hold harmless and release from liability the County of Rio Arriba, its employees, Management, Board of County Commissioners responsible for the operation of the facility, If applicable, for any claim resulting from the use of the above named facility;
6. Clean the facility following use; properly replace tables and chairs; removal and proper disposal of all trash after each function; and
7. All activities that are illegal under state, federal and local law are strictly prohibited on County property and in County owned or leased facilities. The use of alcoholic beverages is strictly prohibited. All County facilities are smoke free facilities.
8. Events are not allowed after 12:00am (midnight), in the event that the facility is reserved the following day, renter is responsible for the cleaning of the facility before 9:00am after the day of use.

**FOR EMERGENCIES CONTACT 505-901-1289**

**EVENT HOLDER**

NAME: \_\_\_\_\_  
Please Print

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

PHONE: \_\_\_\_\_

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

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FACILITY MANAGER**

**(OFFICE USE)**

***RENTAL FEE:***

**Amount Paid:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Receipt#:** \_\_\_\_\_ **Method – Check** \_\_\_\_\_ **or Money Order** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Receipt#:** \_\_\_\_\_ **Method – Check** \_\_\_\_\_ **or Money Order** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Receipt#:** \_\_\_\_\_ **Method – Check** \_\_\_\_\_ **or Money Order** \_\_\_\_\_

***DEPOSIT FEE:***

**Amount Paid:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_ **Receipt#:** \_\_\_\_\_ **Method – Check** \_\_\_\_\_ **or Money Order** \_\_\_\_\_