OlyCAP

Quilcene Community Center
LIMITED USE AGREEMENT
COMMUNITY CENTER FACILITIES

294952 Hwy 101 Quilcene, WA 98376 (360) 765-3321

Form CC105A (Rev. 05/28/2026)

Date: _____

Group Name: _____ Email_____

Contact Person: _____ Contact Phone: _____

2nd Contact Person: _____ Contact Phone: _____

Mailing Address: _____

Event Date: _____ Event Time: _____
If event dates or times will vary, please call at least 24 hours prior to schedule during regular office hours.

Number of people involved: _____ Evening or Weekend Access Needed? YES NO

Group Use: Non-Profit Individual Community Organization Profit Gov't

Population Served: Seniors Youth Both Other: _____

Limited Use & Hold Harmless Agreement:

- OlyCAP Community Centers provide space for programs and activities of an informational, educational, cultural, or civic nature. Use of the facility is granted as a limited, revocable license only and does not create a lease, tenancy, or any possessory interest in the premises.
- Use of the facility is strictly limited to the specific room(s), date(s), and time(s) approved in this agreement. No other indoor or outdoor areas may be used unless expressly authorized in writing by OlyCAP staff.
- Parking areas are provided solely for the purpose of parking vehicles. Parking areas may not be used for activities, events, gatherings, storage, or any other purpose.
- All users and participants agree to comply with all posted Community Center rules, policies, and User Standards, as well as any instructions provided by OlyCAP staff. Failure to comply may result in immediate termination of use without refund.
- An adult representative of the group assumes full responsibility for the conduct of all participants during the period of use.
- All persons using the facilities do so at their own risk. To the fullest extent permitted by law, the user agrees to defend, indemnify, and hold harmless Olympic Community Action Partnership (OlyCAP), its officers, employees, volunteers, and agents from any and all claims, demands, damages, losses, liabilities, or expenses arising out of or related to the use of the facility, except to the extent caused by OlyCAP's sole negligence.
- Nothing in this agreement shall be construed as sponsorship, co-sponsorship, or endorsement of the user's activities by OlyCAP or the Community Center.
- OlyCAP Community Centers are smoke-free, vape-free, drug-free, and alcohol-free facilities. No products, memberships, or services may be sold, solicited, or advertised without prior written approval from the Center Manager."

Print: _____ Date: _____

Signature: _____

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Center Procedures: _____ initial

- The responsible person must pick up the key Code or make _arrangements during Office hours.
- The responsible person must report any problems to the Center Manager.
- The responsible person is to see that the building is left clean, locked and the lights shut off following lock up procedures.
- Food and beverages in dining room only.
- All trash put in outside trash can and rooms left clean.
- No smoking or vaping within 25 feet of the building.
- No pets at any time in the building.
- Lights off and building locked by 9:00pm.

Room Use Fee: ____ initial

Type	Main Room Per Hr. Use	Meeting Room Per Hr. Use	Kitchen Use (with Main Room): Included for half or Full day
Public Service	$12.00	$10.00	
Private	$15.00	$12.00	
Profit	$25.00	$15.00	
Facility Event	$150.00/4 Hr.	Includes Main & Meeting room, kitchen, bathrooms	

Deposit/Security Fee: ____ initial

Rooms: $150.00 damage / security deposit – fully refundable if left clean and with no damage.
Cleaning (if needed) included in deposit/Security Fee

Note: please make deposit/security a separate payment from use fee in the form of a check. It will not be cashed unless the room is left messy or damaged.

I agree to accept full responsibility for any damage caused because of my use or by the use of those under my supervision. I acknowledge that anyone entering the premises during my time of use comes within the scope of my responsibility.

Signature & Title: _____

Company or Organization: _____

Use Fee Received:	Receipt Number:
Deposit/security Received:	Receipt Number:
Deposit/security Refunded:	OlyCAP Staff: Key Code: