



P.O. Box 216  
Washington Grove, MD 20880  
Hall Scheduler: \_\_\_\_\_  
\_\_\_\_\_  
Town Office: 301-926-2256

## Application for the Private Use of McCathran Hall

**COVID-19 Requirement:** Applicants shall ensure that all event attendees comply with current Montgomery County Health Department COVID-19-related executive orders, Health Officer Directives, and regulations at the time of the event, as described on <https://bit.ly/MoCoCOVIDOrders>.

I, \_\_\_\_\_, a resident of the Town of Washington Grove, request that McCathran Hall be reserved in my name for the following event(s):

Date(s): \_\_\_\_\_

Time: from \_\_\_\_\_ until \_\_\_\_\_

Purpose: \_\_\_\_\_

### User Information:

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

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

### Resident Sponsor Information:

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

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

The capacity of the Hall is 150 in rows and 100 at tables. All activities held primarily for children and/or teens (*i.e.*, persons under 18 years of age) must be attended by adult sponsors; at least one

adult sponsor for each 10 teens, preteen, and children must be assured. The full names, addresses, and telephone numbers of the adult sponsors must be listed on a separate sheet and attached to this application. Failure of listed adults to appear for the scheduled activity will result in automatic revocation of permission to use McCathran Hall.

I have read the Regulations for the Rental of McCathran Hall (Resolution No. 2015-08, also available at <https://bit.ly/HallRentalRules>) and agree to abide by these regulations and clean up rules.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
User Signature

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

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

**FOR OFFICE USE:**

Deposit Check Rcvd. (\$300.00) \_\_\_\_\_

Rental Check Rcvd. \$

Alcohol Permit Requested: Yes    No    (Circle One)

**Full Day/Full Use:**

Residents:                      \$200.00                      Non-Residents:                      \$400.00

**Hourly Use:**

	<b>Residents</b>	<b>Resident-Sponsored</b>	<b>Non-Profits</b>
Octagon:	\$30	\$45	\$30
Lower:	\$20	\$35	\$20
All:	\$50	\$80	\$50

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**Release of Liability and COVID-19 Requirements Acceptance**

The undersigned certifies that all event attendees will comply with all Montgomery County Health Department COVID-19-related executive orders, Health Officer Directives, and regulations that are in effect at the time of the event as shown on <https://bit.ly/MoCoCOVIDOrders> . The undersigned indemnifies and holds harmless the Town of Washington Grove, its officials, agents, and employees from any and all claims and causes of action associated with exposure to the COVID-19 virus.

The undersigned certifies that the use of McCathran Hall is voluntary, that the undersigned personally has inspected the hall, and assumes all risks to persons or property, including theft, that may be sustained in or about McCathran Hall in connection with its use.

In consideration of use of McCathran Hall, the undersigned and the undersigned's successors and assigns, agree to release, discharge, defend, indemnify, and otherwise hold harmless, the Town of Washington Grove, its officials, agents and employees, from any and all claims and causes of action, including those for injury to any person, property, or theft of property, that may arise in or about McCathran Hall in connection with its use, regardless of whether such claims or causes of action are due to negligence or any other fault. Such claims or causes of action also include damages, penalties, charges, expenses, and reasonable attorneys' fees.

The undersigned certifies that he/she is at least eighteen (18) years of age, and has read and understands the terms and conditions of the foregoing application and release. If this application and release is made on behalf of an organization or a group, the undersigned certifies that he/she is authorized to sign this application and release on behalf of the organization or group, and to assume financial responsibility for damages to McCathran Hall.

Signature of user: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number of user: \_\_\_\_\_