

# **Laguna Nueva Recreation Room**

## **User Agreement Form**

Event: \_\_\_\_\_  
Name of User: \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_  
Requested Date: \_\_\_\_\_  
Time Requested: \_\_\_\_\_ Total Hours: \_\_\_\_\_  
Cleaning Deposit: \$150.00 Check#: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  
Deposit Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

***Request forms can be submitted utilizing one of the following methods:***

***Walk-in:*** User Agreement Form can be submitted at the Laguna Nueva Association Office during normal business hours. Forms should be completely filled out. CDM Management, 3650 S. Pointe Circle, Suite 117, Laughlin. NV. 89029

***Fax-in:*** Completed User Agreement Form can be faxed to CDM Management: Attn: Debbie Markham #702-298-5863

***Mail-in:*** Completed User Agreement Form can be mailed in to: CDM Management, 3650 S. Pointe Circle, Suite 117, Laughlin, NV. 89029

***Email:*** Fill out User Agreement Form and email it to: [cdmdebbie@earthlink.net](mailto:cdmdebbie@earthlink.net)

**User Payment**

- Once the User has been notified that their request has been approved, full payment is due within 72 hours.

**User's Responsibility:**

- I understand that the deposit and cleaning fee will be refunded if the facility is properly cleaned, the event scheduling remains consistent with the agreement, and that no damage has occurred to the facility.
- A percentage or all of the deposit may be kept if any of the above occurs.
- The User accepts full responsibility for the facility and/or equipment, and will replace or repair anything that is damaged, destroyed, lost or stolen.
- I understand I will check the facility before and after the event in accordance with the inspection form.
- I understand that I, the User, must be present during the entire event.
- It is the User's responsibility to supervise all guests to authorized areas only. The User is held liable for their group's actions including any damages or loses caused during rental.
- Smoking and use of other tobacco products is prohibited.
- Users are asked to keep the noise at a reasonable level and to abide by our HOA CC&R's quiet time hour of 10:00 pm.
- Only music suitable for a public facility will be permitted.

**Clean-up**

- Clean-up shall be performed during the approved rental time period. Please include set-up and Clean-up time in your rental request.
- Cleaning supplies such as paper towels, cleaning solution, vacuum, broom, and garbage bags will be provided by User.
- Clean-up shall include but not be limited to:
  - Removing all food, beverage, decorations, displays, equipment or other materials
  - Wiping tables, chairs, countertops, and appliances
  - Vacuum Carpet, Sweep & Mop Kitchen Floor
  - Depositing trash in proper receptacles (Outside dumpsters)
  - Any other clean-up as necessary (bathrooms)
- The CDM Manager (or designated Laguna Nueva appointed Member) will complete a *Recreation Room Inspection Form* at the end of the rental.

**Staff Responsibility:** Staff will be at the Recreation Room on time to open doors. Staff will make sure windows are closed, heaters/air conditioners are turned off, all lights are turned off and all doors are locked after the event. There will be a before and after *Recreation Room Inspection Form* filled out and signed by staff and User.

**Security Deposit**

If all requirements are met, security deposits will be directly mailed to the User within 10 – 15 business days. If any damages are incurred and exceed the amount of the security deposit, the User will be billed accordingly and must pay the remaining balance within 72 hours.

***I agree to the above terms, conditions and fee schedule.***

**User:** Print Name: \_\_\_\_\_

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

On behalf of the Laguna Nueva Condominium Association, I verify that this reservation has been made and that all fees have been explained and that no conflicts exist that have not been discussed with the User.

**Staff:** Print Name: \_\_\_\_\_

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

On behalf of the Laguna Nueva Condominium Association, I have reviewed the post event inspection form, see attached copy, and processed the miscellaneous expenditure for the refundable cleaning deposit.

**Staff:** Print Name: \_\_\_\_\_

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

# Laguna Nueva Recreation Room Inspection Form

	<u>Clean</u>	<u>Old Damages</u> (explain below)	<u>Clean</u>	<u>Needs Cleaning</u>
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**Bathroom :**

Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Living Room :**

Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vertical Blinds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC/Heater/Fans	<input type="checkbox"/> On	<input type="checkbox"/> Off		
All Glass Doors	<input type="checkbox"/> Locked			

**Kitchen :**

Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stove Top	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain in detail damages or cleaning that needs attention before deposit can be refunded:

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Inspected by Before Event: \_\_\_\_\_ Date: \_\_\_\_\_

Inspected by After Event : \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Refunded by : \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_