



**Ice Rental Form**  
 11000 Crooked Lake Blvd. NW  
 Coon Rapids, MN 55433  
 763-951-7222  
 www.coonrapidsicecenter.com

Account/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Rental Date(s): \_\_\_\_\_ Time: \_\_\_\_\_  
 (Ongoing rental - see attached schedule)

**Waiver:**

The User personally assumes all risks of accident or damage to its property and to the person and property of its members, or third persons, sustained during the above rental periods and waive any right to make claims or bring lawsuits against the City or anyone working on behalf of the City for any injuries or damages related to the alleged negligence of the City.

It is understood that the City reserves the right (1) to immediately and without notice cancel this agreement for any default by the undersigned in the terms of this agreement, and (2) to reschedule the dates to times of permitted use of said facilities, for reasonable cause, on five day notice to the User.

The City shall not be held responsible for the cancellation of ice time for reason beyond the control of the city, its agents or employees, such as but not limited to equipment failure, loss of power or severe weather. In the event of such an occurrence, the Arena Manager will attempt to reschedule the organization's rental times or the organization may cancel and receive a return of its deposit.

**Payment and Deposit:**

The User agrees to pay the City for the rental of ice at Coon Rapids Ice Center for the above rental periods. A deposit may be required at the time of reservation. FAILURE TO APPEAR OR CANCELLATION OF ICE TIME LESS THAN 14 DAYS PRIOR TO SCHEDULED ICE TIME SHALL RESULT IN FORFEITURE OF DEPOSIT FOR SCHEDULED DATE. Remaining balances are due the day of the reservation and can be paid at the front desk unless other arrangements have been made.

**Damages**

The User assumes responsibility for any damages caused by Renter or its members to equipment, furniture, or the building.

**USER:**

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

Printed Name \_\_\_\_\_

<b><u>FOR OFFICE USE ONLY</u></b>			
Date Received	Received By	Hourly Rental Rate \$	Deposit Paid \$
____/____/____	_____	Cash _____ Check _____ CC _____	Balance Due \$ _____