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| --- | --- | --- | --- | --- | --- |
|  | **DONNYBROOK RECREATION CENTRE**  **EQUIPMENT HIRE FORM** | | | | |
| Steere Street Donnybrook WA 6239  www.donnybrook-balingup.wa.gov.au  Telephone: (08) 9731 1822  Email: [recreation.centre@donnybrook.wa.gov.au](mailto:recreation.centre@donnybrook.wa.gov.au) or  Recreation Centre Manager: [monica.greenland@donnybrook.wa.gov.au](mailto:monica.greenland@donnybrook.wa.gov.au) | | | | |
| **PAYMENT OPTIONS** *(You must complete this section)* | | | | | |
| $20 Pump Set | | | $10 Dumbbell Pair | $5 Mat | Total Hire Cost: |
| Additional Information: | | | | | |
|  | | | | | |
| **Description of Hire** | | COVID-19 Centre Closure | | | |
| **Start Date** | | 30/03/2020 | | **End Date:** | Centre Reopen |

|  |  |  |  |  |  |  |  |  |
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| **HIRER DETAILS** | | | | | | | | |
| **Details** | | **Responsible Contact** | | **Secondary Contact** | | | | |
| **Name** | |  | |  | | | | |
| **Mobile Phone** | |  | |  | | | | |
| **Home Phone** | |  | |  | | | | |
| **Address** | |  | |  | | | | |
| **Email** | |  | |  | | | | |
| **Membership Type** | |  | | **Expiry Date** | |  | | |
| **DISCLAIMER**  The Shire of Donnybrook-Balingup will not be responsible for any injury suffered by either participant or non-participant members of the group while using facilities: whether the injury be self-inflicted, caused by another member of the group, or caused by another person not associated with the group.  The Shire of Donnybrook-Balingup will not be liable in any way for any loss of, or damage to the property of members of the group, whether members or non-members of the group cause the loss or damage.  The above does not apply to the extent that any injury, loss or damage is caused or contributed to by the wilful negligent or other unlawful act of omission of the Shire of Donnybrook-Balingup or any of its employees, officers, agents or contractors.  **DAMAGE**  Any breakage of equipment due to misuse or incorrect use is the responsibility of the hirer. Any damage or breakage of equipment whilst in hirer’s care will result in the cost of $100 replacement pump set, $60 dumbbell set replacement and/or $40 mat replacement. Please report any broken or non-working equipment to Centre staff immediately. | | | | | | | | |
| **HIRER DECLARATION** | | | | | | | | |
| I have read, understood and agreed to the terms and conditions of hire. | | | | | | | | |
| **Name** |  | | **Signature** |  | | | **Date** |  |
| **DEPOSIT DETAILS** (Office Use Only) | | | | | | | | |
| **Deposit Received** | |  | **Amount Received** | |  | | | |
| **Deposit Returned** | |  | **Signature** | |  | | | |