

PORTABLE STAGE RENTAL APPLICATION

* ONLY NON-PROFIT ORGANIZATIONS WITHIN THE SALINE AREA SCHOOL DISTRICT ARE PERMITTED TO RENT THE PORTABLE STAGE

After reviewing the following, please submit the completed rental application and proof of insurance to the following at least thirty (30) days prior to the requested rental date: City of Saline DPW 100 North Harris Street

Saline, Michigan 48176 1642

Questions may be directed to the City of Saline Department of Public Works at (734) 429-5624.

SPECIFICATIONS: Total of Ten (10) 48" x 96" Sections Available

- Each section is made of aluminum and weighs approximately 94 lbs.
- Each section has a non-skid surface and a set (6) of capped rubber legs with heights of 8 inches and 16 inches.
- Each Section can hold up to 250 lbs. per square foot.
- Positive hand-tighten knobs lock each leg into place. Slide keys (4 inches) lock each section together providing a level surface without gaps.

RATES/PAYMENT: Payment in advance is required with credit card or cashier's check.

• \$25.00 / day ----- Section: Each Day

TRANSPORTATION: The City of Saline Department of Public Works will deliver, set up and remove the Portable Stage.

DELIVERY: TRANSPORTATION & SET-UP

* \$155.00 / hour ------ During DPW Business Hours (* 2 hour minimum charge) * \$185.00 / hour ------ After DPW Business Hours (* 2 hour minimum charge)

REMOVAL: TAKE-DOWN & TRANSPORTATION

	During DPW Business Hours (* 2 hour minimum charge) After DPW Business Hours (* 2 hour minimum charge)
DPW Business Hours:	7:30 AM-3:30 PM, Monday-Friday
DPW After-Hours:	3:30 PM-7:30 AM, Monday-Friday; including all day Saturdays, Sundays & Holidays

APPLICANT REQUIREMENTS:

- Be present <u>on site</u> to take delivery of Portable Stage at the specified delivery time;
- Sign for the delivery;
- Refrain from making any alterations to the Portable Stage Sections, and/or equipment;
- Pay all costs to repair any damage to Portable Stage Sections, and/or equipment that occurs during use. If applicant is not present during removal, there is no recourse from assessed costs.

ADDITIONAL CONTRACT CONDITIONS:

LOSS PAYMENT (INDEMNIFICATION) – The Applicant shall hold the City (defined for purposes of this paragraph to include the City's officers and employees) harmless from, defend it against (with legal counsel reasonably acceptable to the City), and pay for any loss paid or owed by the City arising from the Applicant's rental of equipment pursuant to this Application. "Loss" means a monetary amount paid or owed for any reason, including for example: judgments, settlements, fines, replacement costs, staff compensation, decreases in property value, and expenses incurred in defending a legal claim.

<u>ASSIGNMENT PROHIBITED</u> – The Applicant may not assign its responsibilities under this Application and shall be solely responsible for returning the rented equipment to the City in the same condition received.

<u>REMEDIES</u> – To the extent permitted by law, the jurisdiction and venue for any action brought pursuant to, arising from, or to enforce any provision of this Application shall be solely in the state courts in Washtenaw County, Michigan. To the extent not prohibited by law, the prevailing party in any action brought to pursuant to or to enforce any provision of this Agreement shall, in addition to any other remedies, be entitled to recover its actual costs, including, without limitation, its actual reasonable attorney fees, filing fees, expert fees and other expenses incurred to bring, maintain or defend any such action from its first accrual or first notice thereof through any appellate and collection proceedings.



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APPLICANT						
Applicant Name:						
Non-Profit Organization:						
Billing Address:						
, and the second s						
Home/Cell #:	()	Work #: ()	Email:		
<u>EVENT</u>						
Name of Activity/Event:						
Number of Sections:						
Event Date(s):						
Requested Date(s) of Use	::					
DELIVERY: Date / Time	Time Set-Up is to be Completed by:					
REMOVAL: Date / Time:			Time Removal is to be Completed by:			
DELIVERY / REMOVAL A	ADDRESS:					
On Site Contact:	Phone:					
Insurance Carrier:						
By signing below, the und		I of the terms and condit	ions in this annlicati	on nacket		
	-			or to the date of the rental.		
Applicant Signature: Date:						
-						
		OFFICE USE				
RENTAL		OFFICE USE			FEES	
Rental Approved:	_ Denied:					
Local Organization:	Non-Profit		y x# of Sect	ion(s) x Day(s) =	\$	
0						
Received from Applicant Indemnification Agreement:		<u>Delivery / Pick</u>	<u>-Up</u> Business:	\$310 (2 Hr. Minimum) =	\$	
Certificate of Insurance:				$x _$ additional hour(s) =	\$ \$	
			After-Hours:	\$370 (2 Hr. Minimum) =	\$	
			+ \$185/hour	x additional hour(s) =	\$	
Approved by:				Subtotal = + Additional Charge(s) =	\$ \$	
	Date			TOTAL =		
	2410				*	