

BAINEBRIDGE FACILITY PAVILION RENTAL FORM

Room Rental Application

Name : _____ Today's Date: _____
Street Address: _____
Daytime Phone: _____
Intended Use: _____ Estimated Attendance _____
Date of Event: _____ Time (4hr max.) _____ to _____

I agree to indemnify and hold harmless the Bainebridge Community Development, and their agents, supervisors, officers, directors, employees, and staff from any and all liability, claims, actions, suits, or demands by any person, corporation, or other entity, for liability, claims, actions, suits, or demands by any person, corporation, or other entity for injuries, death, property damage of any nature arising out of or in connection with the use of the Amenity Center. Nothing herein shall constitute or be construed as a waiver of the District's sovereign immunity granted pursuant to Section 768.28, Fla. Stat.

I have read, understand, and agree to abide by all policies and rules of the District governing the Amenity Center. Failure to adhere to the District's policies and rules may result in the suspension or termination of any privileges to use the facility. I also understand that I am financially responsible for any damages caused by me, my family members, and my guests. If requested, I will obtain an event insurance policy naming the Bainebridge Community Development District, and their agents, supervisors, officers, directors, employees, and staff as additional insured.

Signature of Authorized User

Date

Please initial by each:

1. _____ There is a maximum Capacity of 25 for the Pool Pavilion. Residents must inform their guests that once the scheduled party is completed, all guests are requested to exit.
 2. _____ The rental fee is Fifty Dollars (\$50.00) for up to 25 guest. Checks need to be made payable to **BAINEBRIDGE CDD.**
 3. _____ The four (4) hour maximum time limit includes setup and cleanup time. **Please schedule accordingly.**
 4. _____ **The four (4) hour maximum time limit applies to all guests in attendance. Once party is complete, all guests are required to exit. Standard guest policy applies outside scheduled reservation.**
 5. _____ **A refundable security deposit in the amount of Fifty Dollars (\$50.00) shall be provided for the Rental Room, made payable to BAINEBRIDGE CDD.**
 6. _____ All deposit and rental checks will be cashed prior to rental. The refund check will be processed within 7 to 10 business days after a complete clean-up inspection by District Staff has taken place without incident.
- Circle - Yes or No Is alcohol being served at your party? (Additional insurance coverage required if alcohol is going to be provided and approval by the District Manager is required.) *If Yes, please acknowledge policy # 8 below.*
7. _____ If alcohol is authorized to be served at your event, the swimming facility is **NOT** authorized for use.
 8. _____ Additional fees may be assessed if the clean up is incomplete or if event is not kept within the identified times.
 9. _____ **I have read and understand the Amenity Center Rental Policies**

Fee Amount: \$50 or \$100

Check # _____

Deposit Amount: \$150

Check # _____

Received By: _____

Date: _____