

Shepard State Park Field Rental Application



DATE OF APPLICATION:			
ORGANIZATION OR INDIVIDUAL NAME:			
NAME OF APPLICANT:		CONTACT PHONE:	
CONTACT ADDRESS:			
TYPE OF EVENT:			
DATE(S) APPLIED FOR:	START TIME:		END TIME:

IT IS HEREBY AGREED between the City of Gautier Parks and Recreation Department and the above party the facility named is reserved on

The person requesting this permit agrees:

- 1. To personally accept responsibility for any damage done to the facility or equipment by persons in his/her group during the reserved period of time.
- 2. To maintain order and control over persons in the group.
- 3. To abide by all policies and procedures of the Gautier Parks and Recreation Department as well as those policies regulating this facility.
- 4. There is <u>NO</u> alcohol allowed on City property, <u>NO</u> water slides, <u>NO</u> farm animals, or any other type of instrument that would require water.

Failure to comply with all the terms of these regulations or violations of any federal, state or municipal law, ordinance or regulation in conjunction with the use of this facility will result in immediate cancellation of the privilege of using this facility and will be grounds for future denial of similar reservations or permits.

Fees are as follows: Field Rental: \$6.00 per hour w/ out lights \$12.00 per hour with lights

I hereby agree that I have read and understand all the regulations and policies governing the use of the above named facility.

Signature: ____

_____ Date___

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

We, the _____, as part of the consideration for renting, leasing, or

(Name of liable person or group)

otherwise using the ________ facility agree to assume full responsibility and liability for any and all risk if loss by theft, vandalism, destruction, or otherwise, of any and all items of personal property belonging to the organization, group or members thereof while in and about said facility, regardless of whether or not said loss relates to, or arises out of, the use of said facility and, in addition, said person or group agrees to indemnity and hold the City of Gautier, its agents and servants, and employee's harmless from and against all claims and expenses for same, including attorney fees.

This the ______, 20____,

Authorized Signature

Witness

			OFFICE USE ONLY Receipt #	_ Date Received
Approved () Yes	() No	Signature:		Date:
Comments:				