Organization	Applicant Name		
Address	Phone		
Building/Property Requested	Room/Location		
Dates & Times Requested			
(1 <sup>st</sup> - 3 <sup>rd</sup> )			
Anticipated Attendance:	Admission Price (if any)		
Comprehensive General Liability Insura	nce Limits (if applicable)		
Describe Even in Detail (List any special	equipment that will be brought on site)		
User agrees to indemnify and hold the Co and all liability, damages, actions, claims or character arising from, by reason of, o is the intention of the parties that the Co responsible for injury, damage, liability, premises. User expressly assumes full re- result to any person or property by reason	ounty, and its officers, agents and employees harmless from any a demands, expense judgments, fees and costs if whatever kind or in connection with the use of the facilities described herein. It unty, and its officers, agents and employees shall not be loss or expense resulting to the user and those it brings onto the sponsibility for any and all damages and injuries, which may on of or in connection with the use of the facilities pursuant to unt for all damages caused to facilities resulting from user's		
Applicant's Signature	Date		

## **INSTRUCTIONS:**

- 1. All information must be furnished before application can be processed.
- 2. Fees for all known services and/or rental must be paid when filing application.
- 3. Make check payable to County of Fayette.4. Application must be filed with the County not less than ten (10) working days before intended use.

Organization	Location Requested						
AddressContact Person		• •					
(Present Duration of Rental)							
Address			Home PI	hone			
Date(s)/Time(s) of Activity							
Type of Activity							
Special Equipment Desired:							
Names of Performing Groups (if not y							
Admission Charges (if none, so indic	ate) Adult \$_	Coup	le \$	Child	ren \$		
Approved Disa	pproved						
	a aquinmant and	personnel. If a certific	cate of insura	ance is requir	ed, the Count	ty must be name	d as an additiona
accessed due to the actual use of facilities insured.  Name of Group/Organization	Signat	ure of Contact Pe			sition		ate
insured.	Signat					Da Hours = To	
insured.  Name of Group/Organization	Signat		Rental Ra	ate			
insured.  Name of Group/Organization  Certificate of Insurance Attack	Signato  ned Yes/No  Yes/No	I. Facility	Rental Ra	ate			
insured.  Name of Group/Organization  Certificate of Insurance Attack  County Named Add'l Insured  Expiration Date	Signatined Yes/No Yes/No	I. Facility	Rental Ranel Fee(s)  Total  Hours	Hourly Rate	_XTotal Hours	Hours = To	etal
Name of Group/Organization  Certificate of Insurance Attach  County Named Add'l Insured  Expiration Date  Following the activity, a	Signatined Yes/No Yes/No	I. Facility	Rental Ranel Fee(s)  Total Hours	Hourly Rate	Total Hours	Overtime Rate	**TOTAL
Name of Group/Organization  Certificate of Insurance Attack  County Named Add'l Insured  Expiration Date  Following the activity, a facility/ground	Signatined Yes/No Yes/No	I. Facility II. Person Supervision	Rental Ranel Fee(s)  Total Hours x	Hourly Rate	Total Hours	Overtime Rate	TOTAL
Name of Group/Organization  Certificate of Insurance Attach  County Named Add'l Insured  Expiration Date  Following the activity, a	Signatined Yes/No Yes/No	I. Facility II. Person Supervision Custodial Security Technician	Rental Ranel Fee(s) Total Hours xxx	Hourly Rate	Total Hours	Overtime Rate  x x x	**************************************
Name of Group/Organization  Certificate of Insurance Attach  County Named Add'l Insured  Expiration Date  Following the activity, a facility/ground inspection will occur.	Signatined Yes/No Yes/No	I. Facility II. Person Supervision Custodial Security Technician Other (Specify)	Rental Ranel Fee(s) Total Hours xxx	Hourly Rate	Total Hours	Overtime Rate  x x x	**TOTAL ************************************
Name of Group/Organization  Certificate of Insurance Attack  County Named Add'l Insured  Expiration Date  Following the activity, a facility/ground inspection will occur.  The renter is responsible for any damage or vandalism that did occur	Signatined Yes/No Yes/No	I. Facility II. Person Supervision Custodial Security Technician Other (Specify) *FICA TAXES	Rental Ranel Fee(s) Total Hours xxxx	Hourly Rate	Total Hours	Overtime Rate  x x x	**TOTAL**  ***  ***  ***  ***
Name of Group/Organization  Certificate of Insurance Attach  County Named Add'l Insured  Expiration Date  Following the activity, a facility/ground inspection will occur.  The renter is responsible for any damage or vandalism that did occur the duration of the	Signatined Yes/No Yes/No	I. Facility II. Person Supervision Custodial Security Technician Other (Specify) *FICA TAXES Estimated Total	Rental Ranel Fee(s) Total Hours xxx	Hourly Rate	Total Hours	Overtime Rate  x x x	**TOTAL**  *********************************
Name of Group/Organization  Certificate of Insurance Attack  County Named Add'l Insured  Expiration Date  Following the activity, a facility/ground inspection will occur.  The renter is responsible for any damage or vandalism that did occur	Signatined Yes/No Yes/No	I. Facility II. Person Supervision Custodial Security Technician Other (Specify) *FICA TAXES	Rental Ranel Fee(s) Total Hours xxx	Hourly Rate	Total Hours	Overtime Rate  x x x	**TOTAL**  ***  ***  ***  ***

## CONDITIONS OF USE/RENTAL OF FACILITIES

- 1. The County of Fayette shall determine suitability of activity, availability of space and group classification. Charges shall be determined according to the schedule of fees approved by the County. A deposit shall be submitted with the contract when payment for use is required.
- 2. Certificates of Insurance may be requested and shall be provided no later than 7 days prior to the scheduled activity. Limits of liability requirements will be determined by the County and will be based on the hazard of the activity.
- 3. The County of Fayette reserves the right to interrupt any contract for space should an emergency arise. In such an event, every effort will be made to provide temporary substitute space.
- 4. The organization/person using shall be responsible for the conduct of the persons present and for damage, loss, disappearance or breakage of County property during the use/rental period.
- 5. The County of Fayette and its employees shall not be held responsible for any damage to property or loss of material brought onto County property, nor shall any of them be held responsible for injuries to anyone, which may occur on County property as a result of activity.
- 6. Alcohol and illegal drug use shall not be permitted on the premises.
- 7. The County of Fayette reserves the right to determine the need for parking lot attendants, police and/or custodial service. The organization will be billed for these additional services.
- 8. All park rules shall be adhered to at all times.
- 9. The County of Fayette may at any time deny or refuse to grant any application or cancel, without liability, any Use/Rental Contract whenever the use, in reasonable judgment if the County presents or may present a clear and present danger to persons or property, or may be in violation of or contrary to applicable federal, state, or local law or ordinance.

This document must be reviewed and approved by the county's counsel; further, specific on requirements for facility users will vary, and the county should enact any changes to this form to fit its needs prior to implementation.