

**BARTOW COUNTY DEPARTMENT OF PARKS & RECREATION  
HAMILTON CROSSING PAVILION  
HAMILTON CROSSING PARK  
CASSVILLE, GEORGIA 30123  
(770) 387-5149**

**PAVILION RENTAL AGREEMENT**

**RENTAL RATES: ½ DAY \$45 - 8A – 1P OR 2P - 7P  
FULL DAY \$85 - 8A – 6P**

**PERSON MAKING RESERVATION** \_\_\_\_\_

**NAME OF GROUP, EVENT, OR ACTIVITY** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **UNTIL:** \_\_\_\_\_

I acknowledge and agree to be responsible to see that our group, event, or activity will pick up all trash in the building and surrounding area and put in the containers provided behind the Pavilion. I will be sure that everything is clean and in order when we leave.

I further acknowledge and agree, that if the Pavilion is not left in good condition, and in the event damages are incurred during the time I am responsible for the Pavilion, I will pay clean-up fee and the cost of damages charged at the discretion of the Director of Bartow County Department of Parks and Recreation. I further acknowledge and agree, that the reservation fee in the amount of \$ \_\_\_\_\_ must be paid at the time of reserving the Pavilion and that no refund will be given unless request to cancel is received in writing to the Director fourteen (14) days prior to the date of the scheduled event/activity.

I am aware that the Pavilion will be available (30) minutes prior to and up to fifteen (15) minutes following our paid time at no extra charge. Extended stays past the fifteen (15) minutes will warrant an additional fee: in the amount of the rate for the Pavilion, payment of this fee is due before leaving the Pavilion.

I am also aware, that alcoholic beverages are not allowed on the premises and no smoking or use of tobacco is allowed.

**IDEMNIFICATION AGREEMENT**

IN CONSIDERATION FOR THE RENTAL AND USE OF THE FACILITY AND AS A DULY AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION OR GROUP RENTING THE FACILITY, I DO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS, BARTOW COUNTY, IT'S AGENCIES, AND EMPLOYEES FOR ANY INJURIES TO ANY PERSONS OR CAUSES OF ACTIONS BY ANY PERSONS WHICH MAY ARISE OUT OF OR IN THE COURSE OF THE ACTIVITY FOR WHICH THE FOLLOWING IS RENTED:

\_\_\_\_\_  
Signature: Person Reserving Center

\_\_\_\_\_  
Signature Center Director/BCPRD Staff

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip

---

Home Phone

---

Work Phone