

**BARTOW COUNTY DEPARTMENT OF PARKS & RECREATION**

124 HAMILTON CROSSING ROAD, N.W.

CARTERSVILLE, GA 30120

(770) 387-5149

**FACILITIES RENTAL AGREEMENT**

FACILITY BEING RENTED \_\_\_\_\_

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

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

RENTAL FOR GAMES, PRACTICE OR OTHER \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ UNTIL \_\_\_\_\_

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

I further acknowledge and agree, that if the Facility is not left in good condition, and in the event damages are incurred during the time I am responsible for the Facilities, I will pay clean-up fee and the cost of damages charged at the discretion of the Park Director employed by the 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 Facility(s) and that no refund will be given unless request to cancel is received in writing to the Parks and Recreation Department fourteen (14) days prior to the date of the scheduled event/activity.

I am aware that additional time at or on the Facility will warrant additional fees, as set by the Bartow County Department of Parks and Recreation.

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

**INDEMNIFICATION 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 CASUES 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