

BAINEBRIDGE FACILITY ROOM RENTAL FORM

Room Rental Application

PLEASE PRINT

Name of Applicant: _____ Today's Date: _____
Street Address: _____
Daytime Phone: (____) _____ Email Address: _____
Access Card Number(s): _____
Intended Use: _____ Estimated Attendance _____
Date of Event: _____ Time (5hr 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 Amenities. 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 Amenities. 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 Applicant _____

Date _____

Please initial by each:

1. _____ There is a maximum capacity of 50 persons for the Room. Patrons 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 guests and a fee of One Hundred Dollars (\$100.00) plus the cost of a District Representative for 26-50 guests. All checks/ money orders must be remitted by the applicant named above and be made payable to Bainebridge CDD.
3. _____ The five (5) hour maximum time limit includes setup, cleanup time and trash removal per the Amenity Center Rental Policies. Please schedule accordingly. The five (5) 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.
4. _____ No wet bathing suits, towels or clothing are allowed in the rental room or on the furniture.
5. _____ A security deposit in the amount of One Hundred Fifty Dollars (\$150.00) shall be provided for the Room remitted by the applicant named above and be made payable to Bainebridge CDD.
6. _____ Additional fees may be assessed if the clean up is incomplete or if event is not kept within the identified times or if there is any damage to the Facilities.
7. _____ Will you be serving alcohol at your event? _____ YES _____ NO. If yes, please note that approval from the District Manager or Board of Supervisors **MUST** be obtained **and if approved**, additional event liability insurance coverage in the amount of One Million Dollars (\$1,000,000.00) is required by the Bainebridge CDD Policies. Evidence of such coverage must be provided and approved by the District Office prior to the event.
8. _____ If alcohol is authorized to be served at your event, the swimming facility is **NOT** authorized for use.
9. _____ **All deposit and rental checks must be remitted by the applicant named above and will be cashed prior to rental. A 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.**
10. _____ I have read and understand the Amenity Center Rental Policies which are found at www.Bainebridgecdd.org.

Circle — Yes or No Are there any outside vendors being hired for your event? If yes, please furnish the Management Office with the proper Certificate of Insurance naming Bainebridge CDD as additionally insured.

Fee Amount: \$ _____ Check # _____ Deposit Amount: \$ _____ Check # _____
Received By: _____ Date: _____ Refund Request: _____