

**CITY OF SEYMOUR- PARK & RECREATION DEPARTMENT
FACILITY RENTAL AGREEMENT**

This is a rental agreement made and entered into by and between the City of Seymour Park & Recreation Department and _____(Lessee) for the use of the Grassy Fork Trail at Freeman Field Sports Complex.

*Lessee shall make reservations for the rental premises thru the Park & Recreation Office by completion of this agreement and all requirements herein. Reservations are taken on a first-come-first served basis. Reservations will be restricted to Seymour based organizations and the responsible applicant must be at least 21 years of age. **All reservations must be approved by the Director of the Seymour Park & Recreation Department.**

*No Fee will be assessed for this event.

*Lessee will use rental premises from ____am/pm until ____am/pm on _____.
No use of the rental premises will be allowed after 10:00 p.m. on Sunday thru Thursday nights, other than holidays, and 12:00 a.m. on Friday and Saturday nights and holidays.

*Lessee shall neither use the rental premises or any part of the premises for any unlawful, disreputable, or hazardous purpose nor conduct any activity in any manner constituting a nuisance of any kind. Lessee shall immediately, on discovery of such activity, take action to halt it. No Exceptions. **NO ALCOHOLIC BEVERAGES OR DRUG SUBSTANCE PERMITTED**

*Lessee will be responsible for clean-up of the rental premises and facilities, which includes, but not limited to collecting trash and depositing it into dumpsters.

*Lessee shall provide off-duty police officer for reservations where crowd and noise control may be necessary, as the Park & Recreation office determines. Lessee shall provide the name of all security personnel to the Park & Recreation Office one (1) week prior to the reserved date. Lessee is responsible for any fees associated with security personnel.

*Lessee shall carry liability insurance in the amount of at least \$1,000,000.00, providing a certificate of insurance to the Park & Recreation Department showing the limit of liability and naming the City as additional insured, which indemnifies the Park & Recreation Department against any and all expenses, liabilities, and claims of every kind, including responsible counsel fees, by or on behalf of any person or entity arising out of either (1) Failure by Lessee to perform any of the terms or conditions of this lease agreement, or (2) Failure to comply with any law of any government authority.

*Lessee shall accept the premises and any equipment in their existing condition and state of repair. Lessee agrees that no representations, statements or warranties, express or implied have

been made by or on behalf of The Park & Recreation Department. In respect thereto except as contained in the provisions of the lease agreement.

*Lessee shall submit a damage deposit with the Park & Recreation Office at least one week in advance of the reserved date. The deposit shall be held as security for the full and timely performance by Lessee of the terms and conditions of this agreement. The right of the Park & Recreation Department against this agreement shall in no way be limited or restricted by the deposit. The deposit shall be returned to Lessee provided that all terms and conditions contained in this lease agreement have been fully performed. The security deposit may be returned, providing cancellation is made at least twenty-four (24) hours in advance of reservation date.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals this ____day of _____, 20__.

The undersigned, has read and agrees to assume responsibility for the above mentioned reservation and those persons participating and is responsible for submitting all forms required by the Seymour Park & Recreation Department.

Lessee Address

Print Name City State Zip Code
Home Phone # _____ Work Phone # _____
Reservation Date: _____

Approved By: Park & Recreation Director
Group Making Reservation: _____

Type of Activity: _____
Fees Paid _____
Key Deposit Rental Fee Total Paid

Date Deposit Refunded: _____ Amount Refunded: _____
Certificate of Insurance: Policy number and provide copy.
Policy Number: _____

Security Guard(s) Names: