

Putnam County Recreation Department
Special Event Agreement

GENERAL TERMS

All events held on PCRD property or facilities remain under control of PCRD, with PCRD having the final word in decisions about whether the event should be held or continued in times of inclement weather, civil disturbance or other conditions deemed unacceptable by the staff of PCRD. No alcoholic beverages or any illegal substances are allowed on PCRD premises.

This Contract/Agreement must be returned and be in the possession of PCRD Administrative Staff by _____ along with any fees (see financial terms for refund information) or this contract is null and void.

SPECIFIC TERMS

Title of Event: _____

Purpose of Event/Tournament: _____

Type of Event/Activity/Tourn't: _____

Dates Desired: 1) _____ 2) _____

Proposed Location / Fields Desired: __Lake Como Community Center_____

If Lake Como Community Center – will you be using the kitchen? Yes / No

Expected attendance: (youth) _____ (adult) _____ (total) _____

***additional Security may be required based on attendance**

Fee Charged: __ _____ **Date Due:** _____ **Date Paid:** _____

Event Contact: _____

Home Phone: _____ Work Phone: _____

Cell Phone/ Mobile: _____ EMAIL: _____

Emergency Contact Information (name & phone #): _____

Detailed description of event: _____

Fees and Charges:

Central Complex Softball Fields

Host organization must submit to PCR D a fee of \$25 per team for the main fields/playing area. A deposit of \$100 is due with this contract to secure the rental of fields/play area. **FEES MUST BE PAID IN FULL 72 HOURS PRIOR TO EVENT, or the Wednesday prior to the event.** If fees are not paid by the Wednesday prior to the event, we reserve the right to cancel your reservation.

PCR D reserves the right to cancel any event with at least sixty (60) days notice or at any time a group or individuals violate the policies of PCR D or Putnam County. If PCR D has to cancel the event due to a conflict with the PCR D schedule then refund procedure will be discussed by PCR D with party using facility. **Please note: No refunds will be given if agreement is violated/breached by facility user/group.**

Lake Como Community Center

Host organization must submit to PCR D a fee of \$25 per hour (\$35 per hour if using the kitchen facilities). A refundable deposit of \$100 is due with this contract to secure the rental of the facility. **FEES MUST BE PAID IN FULL 72 HOURS PRIOR TO EVENT, or the Wednesday prior to the event.** If fees are not paid by the Wednesday prior to the event, we reserve the right to cancel your reservation.

Other Guidelines (financial/misc):

- Alcoholic Beverages and/or illegal substances are prohibited on County/PCR D property. Appropriate Law Enforcement agencies will be notified when violations occur and appropriate action against all involved parties will apply.
- **All bookings/rentals must be made 72 hours in advance and paid for at this time.**
- Repeat or multiple bookings must be approved by PCR D.
- Normal hours vary for each facility, check with PCR D for specific times.
- Facilities may not be sublet without written permission of PCR D.
- PCR D reserves the right to require supervision and security be paid by the facility rentor.
- Specific prior permission is required for decorations or alterations to fixtures, walls, etc. or posting of signs.
- No grills or cookers allowed indoors or on playing surfaces, fields/courts.
- Renters are responsible for proper cleanup of equipment and surrounding area. Amplifiers or devices that produce loud noises are subject to PCR D prior approval.

Sanctioning Body & Officials

Is there a sanctioning organization for the event?: _____ N/A _____

If yes, what is the sanctioning body?: _____ N/A _____

PLAYING FIELDS/COURTS:

Will special setup of facilities be required? : _____ N/A _____

If yes, please describe: _____ N/A _____

**GUIDELINES FOR TOURNAMENTS / SPECIAL EVENTS INDEPENDENTLY SPONSORED
ON COUNTY OWNED PROPERTY**

(NOT RUN BY PUTNAM COUNTY RECREATION DEPARTMENT)

1. Host organization/team must obtain permission from recreation department, reserve fields, and sign this form agreeing to stated conditions.
2. The recreation department assumes no responsibility for injuries or problems of any type associated with the tournament/league.
3. The recreation department will prepare the fields for the opening game (field will be prepare on Friday for a Saturday tournament) at each park.
4. Host organizations / teams are required to help control litter and to clean facility after tournament.

This agreement is not intended to be all inclusive. All laws, ordinances, and other guidelines/rules of the Putnam County Recreation Department and Putnam County must be adhered to. Failure to comply will result in cancellation of event with all fees and refunds forfeited as well. The sponsoring organization/individual is liable and responsible for any and all bills/damages resulting from said event.

ADDITIONAL COMMENTS REGARDING EVENT:

The Organization agrees to indemnify and save PCRDR, Putnam County and any of its agencies, subdivisions, officials, employees and agents, harmless on account of any and all claims for damages to persons or property which arise from any activity related to the special event held by the Organization or occurring at any park or facility provided to the Organization under this agreement, due in whole or in part to the negligence of the Organization, its agents, customers, employees, event participants or any other person attending the special event or located on the facilities or parks provided to the Organization with the express or implied permission of the Organization. The Organization agrees to reimburse PCRDR, the County and any of its agencies and subdivisions for any and all losses incurred by them, including attorney's fees, expenses and court costs which arise from activities related to the special event or occur on the facilities and parks provided to the Organization. The Organization further agrees to purchase comprehensive liability insurance on the parks and facilities provided to the Organization as

required. The Director has discretion in determining when insurance is required. The insurance would cover the parks and facilities as stated above and on any loss which may arise from activities related to the special event in the following minimum amounts: \$1,000,000.00 property damage; \$1,000,000.00 bodily injury to any one individual and \$2,000,000.00 bodily injury for any one occurrence, and to furnish PCRD at all times with proof that such insurance is in force and the premiums therefor fully paid. Such policy shall name PCRD and Putnam County as additional insureds or shall specifically insure the Organization's obligations under this item of this agreement.

Date and Initial: _____ (read and understood)

Acceptance of Rental Agreement:

I hereby agree to rent the aforementioned facility subject to the rules and regulations of the Putnam County Recreation Department which states that the person(s)/organization Desiring the use of said facility will be responsible for all damages to building and/or property.

This agreement becomes valid when deposit fee is paid in full. Remainder of rental fee is due and payable 72 hours in advance of rental date. To ensure your reservation please pay fee by deadline so that we can properly plan your event and allow your group to fully enjoy the facility.

Note: in cases of severe inclement weather, if the facility is deemed inappropriate for use by PCRD STAFF, the event can be rescheduled or the fee may be refunded.

I HAVE READ AND HEREBY AGREE TO ABIDE BY ALL ITEMS/TERMS LISTED IN THE RENTAL POLICY AND TIFT COUNTY RECREATION DEPARTMENT PROCEDURES AS WRITTEN.

SIGNATURE OF USER/TITLE _____ DATE _____

APPROVED BY/TITLE _____ DATE _____

***** FOR PCRD USE ONLY *****

DEPOSIT AMOUNT PAID: _____ DATE PAID: _____ COLLECTED BY: _____

AMOUNT DUE: _____ AMOUNT PAID: _____ DATE _____ BY: _____

****AMOUNT DUE MUST BE PAID IN FULL PRIOR TO RENTAL DATE****

CANCELLATION DATE: _____ FEE REFUNDED (\$): _____

RENTAL POLICY GIVEN TO USER (Y/N): _____ Y _____ BY: Suzanne Davis _____

**THE FOLLOWING IS TO BE COMPLETED BY RECREATION DEPARTMENT STAFF
FOLLOWING THE EVENT:**

FACILITY PROBLEMS: _____

OTHER PROBLEMS: _____

COMMENTS: _____

Putnam County Recreation Department reserves the right to cancel this agreement at anytime it deems necessary.

Signature PCRD Director/Staff

Signature of User Group Representative

Date

Date

Signature of this document indicates that the signers have read, understood, and agree to abide by the rules and regulations outlined herein in the document entitled.

