

Habersham County Gymnastics
583 Grant Street Clarkesville, Ga 30523
706-839-0320
www.habershamrecreation.com

Facility Rental Application

Renter's Name: _____ Phone Number: _____ - _____ - _____

Email: _____

Address: _____

Organization Name: _____

Rental Date(s): _____ Time: Start _____ End _____

Type of Event: _____

Approximately Number of Attendees: _____

Internal Office Use Only

ITEM	DATE(S)	RATES	AMOUNT TOTAL
Facility Rental		\$50/hour	\$50.00 * _____ hours = \$ _____
Staffing (If Needed)		\$15.00/hour	\$15.00 * _____ hours = \$ _____
TOTAL AMOUNT DUE: \$ _____			
Non-Refundable Deposit		50% or \$100 (Whichever is less)	\$ _____ (Due firsthand to complete rental)
BALANCE: \$ _____ (Balance due on day of event minus deposit)			

Non-Refundable Deposit:

Staff: _____ Payment Type: _____ Date: _____

Facility Rental Balance:

Staff: _____ Payment Type: _____ Date: _____

Facility Rental Agreement

This contract is for the rental of the usage of Habersham County Gymnastics is made this day _____, by and between _____.

Whereas _____ desires to temporary rent, occupy, and make use of Habersham County Gymnastics located at 583 Grant Street Clarkesville, Ga 30523.

Habersham County Gymnastics agrees to rental, occupation, and use in consideration of certain payments, and covenants herein enumerated.

Now therefore the parties agree to the following terms and conditions:

Initial Below:

1. _____ I, the lessee am at least age of 21 and agree to be present during the entire event and accept responsibility for all participants attending this event including personal injury, damage, and/or loss of equipment.
2. _____ Hours of rental will be strictly observed. If time is extended beyond that specifies then it is understood that additional charges may be necessary. In additional, the area used must be clean and vacated by the end of agreed rental time including removal of all items. All garbage must be placed in garbage cans provided. The area should be left in the same condition as when you arrive.
3. _____ The deposit amount is due a minimum of one week before scheduled event. Balance is due on the day of event. There is a 3% convenience fee for all debit/credit card transactions. A \$37.00 fee will be assessed for returned checks.
4. _____ Absolutely **NO ONE** is allowed on any gymnastics equipment at any time, unless discussed prior to rental.
5. _____ Maximum occupancy not to exceed 500 people.
6. _____ The use of alcohol and or tobacco is **STRICTLY PROHIBITED** at any Habersham County Parks and Recreation Facility.
7. _____ Food/Drink is ONLY allowed in the Lobby or Cubie area. Absolutely **NO** food/drink is allowed on gymnastics equipment.

Habersham County Gymnastics
583 Grant Street Clarkesville, Ga 30523
706-839-0320
www.habershamrecreation.com

8. _____ A sound system is provided but will need to be discussed before rental if need to be used.
9. _____ Tape, staples, glue, etc. are NOT allowed on any features.
10. _____ Violations of this agreement may result in immediate closure of the activity 100% forfeiture of rental fees and deposits.

Liability Release Waiver

I, _____ certify that the information I have given is accurate. I have read the rules and regulations pertaining to the use of Habersham County Parks and Recreation Facilities. [A] Lessee will be responsible for all injuries caused by such use. [B] Lessee shall be responsible for reimbursing the County for any loss or damage to the County property caused by such use. [C] In consideration of participation as specified dates and times as shown, lessee does hereby release and hold harmless the Habersham County Parks and Recreation Department from any and all liability of claims for damage or injury of person or property of the undersigned due to lessee's use of said facility, by reason of any act or omission by the Habersham County Parks and Recreation Department, or any of its officers, agents, or employees or the condition of its property.

Renter's Signature: _____

Date: _____