LEE
PARKS & RECREATION

LEE COUNTY PARKS AND RECREATION
100-B STARKSVILLE AVE N – LEESBURG, GA – 31763

2019 FACILITY USAGE AGREEMENT

CONTACT NAME(S): _____   MOBILE #: _____

EMAIL: _____   OTHER #: _____

TYPE OF EVENT: _____   EVENT DATE(S): _____

FACILITY REQUESTED: CHESHIRE PARK COMPLEX _____   PARK STREET COMPLEX _____

NO. OF TEAMS ANTICIPATED: _____   FENCE DISTANCE: _____   BASES DISTANCE: _____   PITCHERS DISTANCE: _____

NO. OF FIELDS NEEDED**:   _____ X $100.00 PER DAY =   _____
NO. OF LCRD EMPLOYEES: _____ X $ 15.00 PER HR =   _____
TOTAL AMOUNT DUE: _____

DUE TO THE MAINTENANCE COSTS OF LCRD, THERE WILL BE NO WAIVING OR REDUCING OF FEES FOR ANY REASON

INSURANCE POLICY#: _____ (MUST KEEP A COPY ON HAND AT ALL TIMES DURING THE EVENT)

ARE THERE ANY PHYSICAL LIMITATIONS/SPECIAL NEEDS OR CIRCUMSTANCES? NO _____ YES _____ (IF YES, PLEASE EXPLAIN)

_____

_____

LIABILITY AGREEMENT

I, the undersigned, do hereby approve my function at this facility(ies) and all guests participating and its sponsor's activities. I hereby consent and acknowledge that my function and its guests will be subject to and shall assume the ordinary risks of such sponsored activities, including, but not limited to, sport activities.

I agree to have in my possession, and a copy for the Lee County Parks and Recreation Department, an insurance policy for a total of one million dollars, ($1,000,000.00) naming LCRD as the insured, for emergency use only.

I further agree to hold harmless and release Lee County Board of Commissioners, Parks and Recreation Department, its employees, staff members, agents, contractors and anyone associated with any activities sponsored by my function from any and all liability arising from such activities. I further agree to hold harmless and indemnify Lee County Parks and Recreation from any and all demands, claims and suits arising from such activities, including all judgments, costs and expenses, including attorney fees.

_____ I hereby certify I have read the foregoing and do hereby agree to abide and be bound by its terms, on behalf of my function **(Initial)** and its guests, and on my behalf.

CANCELLATION POLICY

I understand that it is my responsibility as event provider to contact the Lee County Parks and Recreation Department within **72 HOURS** of said activity to confirm whether the event will take place as scheduled or be cancelled. If confirmation or cancellation is not made within **72 HOURS** of event, the Lee County Parks and Recreation Department will assume the event is not taking place. I understand that I am ultimately in charge of the function and its guests and it is my responsibility to make sure that the event is well supervised.

_____   _____
YOUR SIGNATURE   (BY SIGNING THIS FORM, I CERTIFY THAT I AM OVER 18 YRS OF AGE)   **DATE**