

BAINEBRIDGE COMMUNITY DEVELOPMENT DISTRICT
Bainebridge Room and Pool Pavilion Rental Application

Name of Applicant: _____ Today's Date: _____
Street Address: _____
Home Phone: _____ Cell Phone: _____
Intended Use: _____ Estimated Attendance: _____
Date of Event: _____ Time: _____ to _____ (Includes Set-Up & Clean-Up)
Email: _____
Access Card Number: _____

Facility Rental: Fees should be made payable to BAINEBRIDGE CDD

____ **Bainebridge Room** ____ \$150.00 Non-Refundable Rental Fee ____ \$150.00 Refundable Security Deposit

____ **Pool Pavilion** ____ \$50.00 Non-Refundable Rental Fee ____ \$50.00 Refundable Security Deposit

Please Initial by Each:

1. _____ A Resident or Non-Resident User may rent the Bainebridge Room and Pool Pavilion a maximum of four (4) times per twelve (12) month period.
2. _____ There is a minimum six (6) hour rental period, including set up and clean up times. Maximum rental period applies to all guests in attendance. Standard guest policy applies outside of scheduled rental reservation.
3. _____ There is a maximum capacity of fifty (50) persons for the Bainebridge Room. There is a maximum capacity of twenty-five (25) persons for the Pool Pavilion.
4. _____ Rental of either the Bainebridge Room or the Pool Pavilion does not include rental of the other. Rental of both the Bainebridge Room and the Pool Pavilion for the same rental period is not permitted.
5. _____ Rental Fees are non-refundable. Requested rental dates and times will not be reserved until the Amenity Manager has received payment in full of **both** the applicable rental fee and Security Deposit.
6. _____ To receive a refund of the Security Deposit after the rental event, the rental facilities must be properly cleaned and reasonably returned to the facilities pre-rental condition.
7. _____ Additional fees may be assessed if the clean-up is incomplete or if event is not kept within the identified times.
8. _____ Applicant is responsible for the actual cost of all damage to District property, even if it exceeds the amount of the Security Deposit.
9. _____ All Rental Fee and Security Deposits will be cashed prior to rental. A refund check for the Security Deposit will be processed within ten (10) – fifteen (15) days subject to a complete inspection of the facilities by the Amenity Manager. **Fees should be made payable to BAINEBRIDGE CDD**
10. _____ Wet bathing suits, towels, or clothing are not permitted in the Bainebridge Room or the furniture therein. Applicant is responsible for the cost of cleaning, repair, or replacement of any furniture (as determined in the sole discretion of the Amenity Manager) thereby caused.
11. _____ All other District facilities shall remain open to Residents or Non-Resident Users. Applicant's use of the rented facilities may not interfere with the reasonable use or enjoyment of such District facilities by other Residents or Non-Resident Users.
12. _____ I have read and understand the Amenity Center Rental Policies which are found at www.bainebridgecdd.org.
13. _____ 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.
14. _____ Are there any outside vendors being hired for your event _____ YES _____ No? If yes, please furnish the Management Office with the proper Certificate of Insurance naming Bainebridge CDD as an additional insured.

Signature of Applicant Required on Following Page

For District Staff Use:

Non-Refundable Rental Fee Amount: \$ _____ Check # _____ Additional Cost for Attendant: _____
Refundable Security Deposit Amount: \$ _____ Check # _____
Received By: _____ Date: _____

I agree to indemnify and hold harmless the Bainebridge Community Development District (the “District”) 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 District Facilities. 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 District Facilities. 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.

Only Bainebridge Residents or Non-Resident Users may reserve District facilities and payment for the reserved rental area must be made by the Patron who is making the reservation.

Signature of Applicant

Date

Print Name of Applicant: _____