

TOWN OF LONGBOAT KEY

BAYFRONT PARK RECREATION CENTER

4052 GULF OF MEXICO DRIVE
LONGBOAT KEY, FLORIDA 34228
(941) 316-1980

The Town of Longboat Key (the Town) is happy to welcome your organization's function here at the Bayfront Park Recreation Center. There is a rental fee of _____ for use of the Recreation Center and is due no later than one week prior to your event. In using the Center, you must accept full responsibility for your function and the rules and regulations as set forth below:

You are responsible for set-up and clean-up.

All trash must be emptied and disposed of properly. Our dumpster is located to the south of the Basketball Court.

You are responsible for any damages. A damage deposit of _____ is required and will be refunded within two weeks after your function.

Any type of entertainment must be approved prior to the function, including any live or recorded performances, or video tapes.

You and your organization agree to indemnify and hold and defend the Town of Longboat Key, Florida, and its agents and employees from all suits and actions, including attorneys' fees and all cost of litigation and judgements of any name and description arising out of or incidental to use of the Town premises, whether or not due to or caused by negligence of the Town, excluding only the sole negligence of the Town. Based upon the type of function being held (required, in case of food vendors or caterers serving food*) we may request you provide liability insurance and name the Town as an additional insured.

*Insurance requirements for food vendors and caterers: A cord certificate of insurance with \$500,000 combined single limits in general liability to include products liability, and endorsed as naming Town as an additional insured for the purposes of the specific event, shall be provided to, and accepted by, the Town's risk manager in advance of the event.

You are responsible for compliance with all Federal, State and Local laws and ordinances (including, but not limited to, alcohol consumption, parking, noise levels and permits).

(Please retain the top page for your records)

I, _____, agree and accept the above and assume responsibility individually and on behalf of my organizational function.

Signed: _____ Date: _____

Organization: _____

Address: _____

Telephone Number: _____

Type of Function: _____

Approximate Number Attending: _____

Day and Date Requested: _____

Time Requested: _____

Special Instructions: _____

(For Office Use)

Date Rental Charge Received: _____

Date Damage Deposit Received: _____ Receipt # _____

Date Damage Deposit Returned: _____ LBK Check # _____

Insurance Required: _____ Certificate Received: _____ Accepted: _____

Comments: _____
