

LINDA LAKES HOMEOWNERS ASSOCIATION, INC.

PAVILION RESERVATION AGREEMENT

Name of Homeowner: _____ Today's Date: _____

Street Address: _____

Phone: _____ Estimated Attendance: _____

Event Description: _____

Date of Event: _____ Time of Event: _____ to _____
(4-hour Maximum)

I agree to indemnify and hold harmless the Linda Lakes Homeowners Association, Inc., from any and all liability, claims, actions, suits, or demands by any person, corporation, or other entity for injuries, death, or property damage of any nature arising out of or in connection with the use of the Linda Lakes Pavilion or Linda Lakes Amenity Area by me, my family, or my guests.

I also understand that I am financially responsible for any damages caused by me, my family, or my guests and, if requested, will obtain an event insurance policy naming Linda Lakes Homeowners Association, Inc., as additional insured.

I understand and agree that all trash, party materials, and party paraphernalia will be removed at the end of the reservation time and that the Pavilion and surrounding area will be left in the condition in which it was found prior to this event. If the Pavilion and surrounding area are not left in the condition in which it was found prior to this event, I understand and agree that my deposit fee will be utilized to return the Pavilion and surrounding area to the condition in which it was found prior to this event.

Signature of Applicant

Date

Please initial each of the below to acknowledge your understanding and agreement with same:

- _____ 1. The Deposit Fee is \$50.00.
- _____ 2. The four (4) hour maximum time limit includes set-up and clean-up times.
- _____ 3. The deposit check may be picked up only after the post-party check-up has been completed, which will be within 24-hours after the event. If the check is not picked up within 48 hours after the post-party check-up has been completed, the check will be shredded.
- _____ 4. Additional fees may be assessed if the cleanup is incomplete or if the event is not kept within the identified times.

Deposit Amount Received: \$ _____ Check # _____

Additional Fee Assessed: \$ _____ Check # _____

Deposit Received by: _____ Date: _____

Post-Party Check
Completed by: _____ Date: _____

Check Returned
and/or Shredded by: _____ Date: _____