



BLUE RIVER MEMORIAL PARK
SPLASH PAD
RENTAL AGREEMENT



Applicant Name: Rental Date:

Drivers License # Rental Time: 7:30 - 9:30 PM

Address: Org/Company:

Phone:

THIS AGREEMENT made by and between the City of Shelbyville by its Board of Parks and Recreation (hereafter referred to as "City"), and the above named Applicant and/or Group, (hereafter referred to as "Applicant"), WITNESSETH:

- a. City, in consideration of the rents and covenants herein contained, does hereby agree to allow Applicant the use of the above-named facility on the ___ day of ___, 20___, from 7:30 pm to 9:30 pm.
b. The Splash Pad may not be used for profit unless authorized by the Parks Director.
c. Applicant agrees that the premises will be used for the purpose stated above. Alcohol and smoking are not allowed on the property. Applicant will be held responsible for self and guests in adhering to all Shelbyville Parks & Recreation Department rules and policies. Failure to do so will forfeit rights to obtain future facility rentals.
d. Applicant has examined the facility prior to the acceptance of this agreement and is satisfied with the physical condition of the premises.
e. Applicant agrees to keep the premises in a clean, sightly, and healthful condition and in good repair and shall yield the same back to the City in the same condition. Applicant will be held financially responsible for any damage to the facility or its contents, including attorney fees.
f. Applicant shall indemnify and hold the City harmless from and against claims, damages, losses, and expenses, including but not limited to attorneys' fees, arising out of or resulting from injury or loss during the use of the facility described herein.
g. COVID-19 WARNING: We have taken enhanced health and safety measures for you, our guests and staff members. Please follow all posted instructions while visiting City of Shelbyville Parks and Recreation Department. An inherent risk of exposure to COVID-19 exists in any public place where people gather. COVID-19 is a contagious virus that can lead to severe illness and death. According to the CDC, senior citizens and guests with underlying medical conditions are especially vulnerable. By visiting City of Shelbyville Parks and City of Shelbyville facilities, you voluntarily assume all risks related to exposure to COVID-19.

IN WITNESS WHEREOF, the parties have hereunto set their hands this ___ day of ___, 20___.

Applicant

Parks and Recreation Staff
City of Shelbyville