SHELTER / GAZEBO RENTAL

DAY _____   DATE _____

NAME _____

ADDRESS_____   _____

HOME PHONE # _____   CELL # _____

ALT PHONE # _____

☐ Gazebo $150   ☐ Shelters (both) $100   **Check or Money Order ONLY**
Holiday Rate: ☐ Gazebo $300   ☐ Shelters (both) $200   **Payable to**
Sheriff & Treasurer of
of Harrison County

EVENT TIME: _____ to _____

EVENT TYPE: _____
(Theme - childs name, etc.)

NOTE: RENTAL OF SHELTERS DOES NOT INCLUDE EXCLUSIVE USE
OF ANY OTHER PARK FACILITIES!

ALCOHOLIC BEVERAGES AND DRUGS OF ANY KIND ARE PROHIBITED ON COMPLEX GROUNDS!

SMOKING / VAPING IS PROHIBITED ON COMPLEX GROUNDS

NO inflatable games, slides, bounce houses or other temporary structures are allowed on complex grounds.

Dye powder / confetti bombs / fireworks / explosives are prohibited on complex grounds.

All fires in grills must be fully extinguished before departing complex

All trash must be placed in available receptacles

Individual/or organization shall save and hold the Harrison County Commission, employees and agents harmless from any claim of liability. Individuals and/or organizations are required to obtain and maintain Tenant User Liability Coverage in the amount of not less than $1,000,000 for the use of premisis. A Certificate of Insurance listing Harrison County Commission as an additional insured must be presented thirty (30) days prior to the rental date. Individuals and/or organizations may obtain this coverage from Gather Guard through the Event option on their website (www.gatherguard.com) or through local insurance companies.

The undersigned individual, does hereby agree to abide by the rules outlined in this contract and posted on facility grounds.

_____
Signature of Rental Customer

The undersigned, representing Harrison County Parks and Recreation Department, does hereby approve the use of the facility for above stated purpose. Any additional terms and conditions agreed upon shall be reduced to writing, attached to this contract and signed by both rental agent and customer or they are null and void.

_____
HCPR Representative