



**FOUNDERS MEMORIAL
PARK PAVILION RENTAL**

Organization Name: _____

Name: _____

Address: _____ **City, State, Zip:** _____

Phone: _____ **Other Phone:** _____

Email Address: _____

Will there be any form of bouncy houses, water slides, obstacles, or similar devices at this event?

Yes No

If yes, Liability Insurance Certificate is Required with the City as Additional Insured

Will there be loudspeakers, live music, or any activity which involves amplification equipment/devices of any kind? Yes No

Deposit: \$50.00

Rental Fees: \$25.00 per hour; \$150.00 for full day

Date(s): _____

Start Time: _____

Total # of People Expected : _____

End Time: _____

Total Hours: _____

Total Rental Fees Due: \$ _____

- Persons making reservations must be at least 21 years old.
- Bathrooms may be closed for public use. Please check with City Hall. If needed, pick up the bathroom key at City Hall, 511 Mercer Street, Friday or day prior to your event and return the key the following Monday or day after the event. Please call 512-858-4725 before your arrival.
- Your payment in full, along with the applicable refundable deposit is due immediately to hold this reservation. The deposit is refundable after final assessment of the party area. Deposits will be returned or refunded within thirty days, to the individual and/or organization indicated on application.
- Cleaning is the responsibility of the rental party. Cleaning includes picking up of all trash and emptying bags into dumpster. If the pavilion area is not left clean and all trash placed in the dumpster, restrooms clean and restroom doors LOCKED, the deposit will not be refunded.
- The Lessee understands that charges for all dates and times scheduled will be charged unless a written notice of changes or cancellation is received by the City at least fourteen (14) working days prior to the event. Less than 14 days notice of change or cancellation is a loss of **deposit**. Reservations may be rescheduled or refunded due to weather conditions.
- Assume all liability and hold harmless and indemnify the City, its officers, employees, and agents from any and all liability arising out of the Lessee's use of facilities.
- Accept full responsibility for protecting property and equipment and assume any and all liability for repairs or replacement necessitated by any damage done to building, equipment, or other property used by the Lessee.

Be sure to read and sign below: *I hereby agree to indemnify and hold harmless the City of Dripping Springs and employees from and against any and all liabilities for any injury which may be suffered by me or by my party arising out of or in any way connected with participation in the rental noted above. By signing below I declare I have read, understand and agree to abide by the existing Park Rules. I understand that I can request to have a copy of the Park Rules for my possession.*

SIGNATURE: _____ DATE: _____

KEEP A COPY OF THIS RENTAL FORM WITH YOU DURING THE TIME OF RENTAL

Please make checks payable to: City of Dripping Springs

If any problems occur contact: City Hall at 512-858-4725

FOR OFFICE USE ONLY			
Date Application Received	_____	Deposit:	_____
Date(s) of Event	_____	Rental Fee:	_____
Payment Received	_____	Approved By:	_____
Payment Type:	_____ Cash _____ Check	Check #	_____
Notes:	_____		

