

Pine Ridge Plantation Community Development District

Pine Ridge Plantation Amenity Center Rental Application

Name of Applicant: _____ Date: _____

Organization: _____ Phone: _____

Address: _____ City: _____ State: Florida

Estimated Attendance: _____ Intended Use: _____

Date Requested: _____ Time: Start: _____ End By: _____

I understand in order to receive the full refund of the clean-up deposit; the following must be done after usage:

- Remove and dispose of all decoration
- Remove all garbage and place in dumpster
- Wipe down tables, chairs, countertops, kitchen appliances, etc.
- Remove all debris and spot clean floors
- Return all furniture to original locations

I have read, understood and agree to abide by all the District policies and procedures regarding the use of the facility. This includes (please initial):

- _____ **No beer, wine or alcoholic beverages will be brought in or consumed on the premises** - unless a certificate of liability insurance is presented and approved by the Facility Manager as set forth in the policies.
- _____ No glass or breakable items are permitted in the facility.
- _____ Smoking is not permitted in the facility.
- _____ No pets allowed, except seeing eye dogs.
- _____ The volume of live or recorded music must not violate Clay County noise ordinances.

I agree to indemnify and hold harmless the **Pine Ridge Plantation Community Development District** and their agents, supervisors, officers, directors, employees and staff from any and all liability, claims, actions, suits or demands by any person, corporation or other entity, for injuries, death, property damage of any nature arising out of, or in connection with, the use of the Pine Ridge Plantation Amenity Center and facilities. Nothing herein shall constitute or be construed as a waiver of the District's sovereign immunity granted pursuant to Section 768.28, Fla. Stat.

I have read, understand and agree to abide by all policies and rules of the District governing the Pine Ridge Plantation Amenity Center and facilities. Failure to adhere to the District's policies and rules may result in the suspension or termination of my privileges to use the facility. **I also understand that I am financially responsible for any damages caused by family members, my guests and myself.** If requested, I will obtain an event insurance policy naming the Pine Ridge Plantation Community Development District and their agents, supervisors, officers, directors, employees and staff as additional insured.

Make Checks Payable to: **Pine Ridge Plantation CDD**

Resident's Signature: _____ Date: _____

Deposit (refundable): \$ _____ Check #: _____

Rental Fee (non-refundable): \$ _____ Check #: _____

Approved By: _____ Date: _____

****To receive a full refund of the cleaning deposit, all garbage from the party must be removed and placed in the dumpster. This is including removal of all party displays and remnants. In addition the entire Amenity Center Club House needs to be returned to the condition it was upon receipt of it.**

Deposit Returned On: _____ Mailed _____ Handed To: _____ Shredded _____