VETERANS AND WARRING PAVILION RENTAL AGREEMENT

The picnic areas located at Veterans Park or Warring Pavilion may be reserved for family reunions, parties, etc. for a fee of $25.00 per day. In order to secure facility use, the fee must be paid within two weeks of the scheduled event. All events **MUST** be approved and scheduled by the Sadieville Parks and Recreation Commissioner, Debbie Stamper.

Steps to take to reserve Veterans or Warring Picnic Pavilion:

(1) Contact Parks and Recreation Commissioner, Debbie Stamper
    a. (502) 857-4576 or email: parkssadieville@bellsouth.net

(2) After event has been approved and scheduled, the rental fee of $25.00 MUST be received by the City of Sadieville at least 2 weeks prior to the scheduled event. Payment may be mailed or delivered to:

SADIEVILLE CITY HALL
P.O. BOX 129, 605 PIKE STREET
SADIEVILLE, KY 40370

RESTRICTIONS:
(1) Alcohol is NOT permitted on any Parks and Recreation property.
(2) No inflatable units may be plugged into any shelter electric outlet. The inflatable units must be operated by a free standing generator only.

Park Permit

Number of Participants: _____

Park: _____ Area:_____

Event: _____ Date: _____

Person Responsible: _____ Time: _____

Approved by: _____ $25 Fee Paid   YES   NO

                               Method of Payment: CHECK   CASH

The LESSEE shall indemnify, save harmless, and exempt the SADIEVILLE PARKS AND RECREATION DEPARTMENT AND THE CITY OF SADIEVILLE, its officers, agents, servants, and employees from and against any and all suit functions, legal proceedings, claims, demands, cost expenses, and attorney fees incident to any work done in the performance of this agreement or arising out of the operation of this franchise. Upon receipt of notice of any suit claim against the SADIEVILLE PARKS AND RECREATION DEPARTMENT OR THE CITY OF SADIEVILLE, the LESSEE shall immediately commence the defense thereof on behalf of the SADIEVILLE PARKS AND RECREATION DEPARTMENT AND THE CITY OF SADIEVILLE.

LESSEE:

_____ _____
(Signature)   (Printed Name)

_____ _____
(Date)   (Phone Number)