



## DEPARTMENT OF PARKS AND RECREATION • FACILITY USAGE

16161 Flight Path Dr • Brooksville, FL 34604 • [www.HernandoCounty.us](http://www.HernandoCounty.us)  
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### FACILITY USAGE APPLICATION

(Please Print)

Date Recd: \_\_\_\_\_  
Rental # \_\_\_\_\_

NAME: \_\_\_\_\_ Organization (if any): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Beginning and ending times must include all anticipated setup and cleanup time required. For extended periods of use or very involved facility usage, attach a written request with as much detail as possible with this application.

Reservation Date:	Type of Activity:	# of Attendees:	
Day/ Days of Week:	Park:	Inflatables: [ ] yes      [ ] no	Inflatable Company:
Reservation Time: Beginning Time: _____ Ending Time: _____	Tax Exempt: [ ] yes [ ] no If yes, please provide tax exempt certificate at time of booking.	Insurance Needed:	

**Approval of inflatable bounce houses is required by Parks and Recreation prior to event.  
\*\* No Fireworks, or water slides allowed in County Parks.**

**Is this a fund-raising event? [ ] yes [ ] no Are any other fees associated with this event? [ ] yes [ ] no**

Pavilion:	Tennis Court #	Baseball Field #
Meeting Room: Circle One Kennedy Park Community Activity Center Linda Pedersen Delta Woods	Shuffleboard Court:	Softball Field #
Kitchen: KP/CAC [ ] yes      [ ] no	Bocce Court:	Soccer Field #
Lake House:	Pickle Ball Court:	Football Field #

**\*\* Key deposit must be paid the week of the rental in order to receive keys.**

I fully understand that this application **does not confirm** any request until it has been signed, dated, reviewed and approved by an **authorized Recreation employee**, at which time a permit will be given to me or my representative, or mailed to the address designated above. If applicable, I understand that I will be informed prior to my event of any requirement for fees to be charged and collected for park staff. I further affirm that I have completed this application with as much accuracy and detail as possible. Security/Key Deposits are paid at the time keys are issued. Applicant agrees to hold Hernando County, its agents and employees harmless for any and all acts and/or omissions, and accepts sole responsibility for usage of the facilities. **I acknowledge that I have received a copy and have read, understand and agree to all items and terms as outlined in the Facility Usage Agreement, including how to proceed in the event of any problems or emergencies that need immediate attention during my event.**

**PAYABLE TO: Hernando County Recreation Department or HCRD  
\*\* Check, Money Orders, VISA, Discover or Master Card ONLY \*\***

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_



## *Rules for Facility Usage*

Date Recd: \_\_\_\_\_  
Rental # \_\_\_\_\_

Renter agrees to the following:

## 1. Payment

- a. All rental fees are due at the time of booking.
- b. There are **NO** refunds unless cancelled by Parks & Recreation.
- c. Security / Key Deposits are to be paid and picked up the business day prior to your rental.

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## 2. Usage Agreement

- a. Alcoholic beverages are prohibited at all facilities unless approved by HCBOCC.
- b. Smoking is prohibited in all county indoor facilities.
- c. Tables, chairs and all other county property shall not be removed from facility.
- d. To assure return of deposit, all facilities will be cleaned prior to vacating premises and free of damage.
- e. Trash left on the grounds outside buildings, near courts, fields, or other facilities, must be picked up and placed in the nearest dumpster. You must provide your own trash can liners when using the facilities. DO NOT leave overflow trash sitting next to trash receptacles.
- f. Key deposits are to be paid at the time key(s) are issued. It is your responsibility to make the proper arrangements to get the keys picked up the week of your rental. Gate keys must be requested at time of booking. Gates must be locked immediately following the unloading of supplies. Vehicles must return to designated parking areas after loading/unloading. Gates must be locked immediately behind you to prevent entrance from other vehicles.
- g. All keys must be returned the next business day in order to receive your deposit back.
- h. Security deposits will be returned once the building has been inspected by staff.
- i. The sale of food and/or beverages is prohibited.
- j. Bounce house locations must be approved by Parks & Recreation prior to rental.
- k. Special Events are any event that is advertised to the public. Organizers are subject to special pricing for all special events. Special events must be pre-approved by Parks and Recreation before plans can move forward with the intended event.

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Applicant accepts the premises as is and agrees to hold Hernando County, its agents and employees harmless for any and all acts and /or omissions, and accepts sole responsibility for usage of facilities

Insurance must have the Hernando County Board of County Commissioners listed as additional insured in the amount of 1million dollars per occurrence. Representative must purchase insurance and make sure that on the certificate of insurance document, under the certificate holder it states:

*Hernando County Board of County Commissioners  
15470 Flight Path Dr  
Brooksville, FL 34604*

Also: under **Description of Operations**, it must state: The certificate holder is listed as additional insured with regard to general liability. If required, is a copy of the Certificate of Insurance attached? \_\_\_\_\_ On file \_\_\_\_\_

I/we do understand all rules and regulations concerning the use of county facilities and parks and will comply with all rules and regulations. I/we will be responsible for any damages done to the facilities or park equipment. The county will not be responsible for items which are lost, stolen, or damaged before, during, or after rental.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

## Office Use Only

**FUA Recd/Entered by Name/Date:** \_\_\_\_\_ **Online:** \_\_\_\_\_ **Mail:** \_\_\_\_\_ **W/I:** \_\_\_\_\_

**Fees Due \$** \_\_\_\_\_ [ ] Credit/Debit Card [ ] Check/MO

**Check or Last 4 of CC#** \_\_\_\_\_ **Name of Payee:** \_\_\_\_\_

**Payment Recd Date:** \_\_\_\_\_ **Entered by:** \_\_\_\_\_