

Address: 1 Max Lockwood Drive
Statesboro, GA 30458



Phone: (912) 764-5637
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ATHLETIC FIELD AND COMPLEX RENTAL APPLICATION

Name of Individual/Organization: _____ Date of Birth: _____

Contact Person, if Organization: _____

Mailing Address: _____
(Street/Apt.) (City) (State) (Zip Code)

Telephone Number: _____
(Work) (Cell)

Email Address: _____

Type of Event: _____ Complex Preference: _____

Rental Dates

Date: _____	_____ AM/PM to _____	AM/PM
Date: _____	_____ AM/PM to _____	AM/PM
Date: _____	_____ AM/PM to _____	AM/PM
Date: _____	_____ AM/PM to _____	AM/PM

This is confirmation of the reservation that I have made with the Bulloch County Recreation and Parks Department. The organization and I understand that my reservation is not complete until the rental fee is paid. By signing below, I am confirming the above information to be correct and that I/organization have read and understand the rental policies listed and will abide by them.

Renter's Signature

Date

Acknowledgement

RELEASE, COVENANT NOT SUE AND INDEMNIFICATION AGREEMENT

As an inducement for and in consideration of the undersigned's rental of a facility from the Bulloch County Recreation and Parks Department, the undersigned hereby indemnifies and holds harmless Bulloch County and its affiliated organizations and their directors, officers, employees, and agents from and against any and all injuries, damages, claims, actions, causes of action, liability (including liability from negligence), and expenses (including without limitation reasonable attorney's fees) arising from or in any manner connected with the rental and use of said rental by the undersigned. The undersigned further hereby fully and forever releases and discharges Bulloch County and its affiliated organizations and their directors, officers, employees, and agents from any and all known and unknown, anticipated or unanticipated, arising from or in any manner connected with all affiliated organizations and their directors, officers, employees, and agents for any such claims, demands, damages, actions, or causes of action.

Renter's Signature

Date



OFFICE USE ONLY

Facility Requested: (Please check all fields to be used)

MILL CREEK

<u>5 Field Complex</u>	<u>4 Field Complex</u>	<u>3 Field Complex</u>	<u>Soccer Complex</u>
Field 1 _____	Field 6 _____	Field 10 _____	Field 13 _____
Field 2 _____	Field 7 _____	Field 11 _____	Field 14 _____
Field 3 _____	Field 8 _____	Field 12 _____	Field 15 _____
Field 4 _____			Field 16 _____
Field 5 _____			Field 17 _____

COUNTY PARKS

BROOKLET	STILSON	NEVILS	STATESBORO
Field 1	Field 1	Field 1	Memorial
Field 2	Field 2	Field 2	Jaycee
			Pee Wee

Pickleball/Tennis Courts:

Court 1 _____	Court 2 _____	Court 3 _____	Court 4 _____
Court 5 _____	Court 6 _____	Court 7 _____	Court 8 _____
Court 9 _____	Court 10 _____	Circle Location: STATESBORO	MILL CREEK BROOKLET

Rental Fee Due: _____ Paid: YES NO

Permit #: _____

Liability Insurance Certification: YES NO

Date: _____ Staff Making Reservation: _____