

MAILING ADDRESS: P.O. BOX 408  
PHYSICAL ADDRESS: 1 MAX LOCKWOOD DRIVE  
STATESBORO, GA 30459



PHONE: (912) 764-5637  
FAX: (912) 764-2425  
E-MAIL: MAIL@BULLOCHREC.COM

## ATHLETIC FIELD AND COMPLEX RENTAL FIELD USE APPLICATION

NAME OF INDIVIDUAL/ORGANIZATION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CONTACT PERSON, IF ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(STREET/APT.) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: \_\_\_\_\_  
(HOME) (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 a 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 REGIONAL PARK

**5 FIELD COMPLEX**    **4 FIELD COMPLEX**    **3 FIELD COMPLEX**    **SOCCER COMPLEX**

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 \_\_\_\_\_

**BROOKLET**                      **STILSON**                      **NEVILS**                      **PORTAL**                      **STATESBORO**

EC Childs Field \_\_\_\_\_    Field 1 \_\_\_\_\_    Field 1 \_\_\_\_\_    Field 1 \_\_\_\_\_    Memorial \_\_\_\_\_  
Field 2 \_\_\_\_\_    Field 2 \_\_\_\_\_    Field 2 \_\_\_\_\_    Field 2 \_\_\_\_\_    Jaycee \_\_\_\_\_  
PeeWee \_\_\_\_\_

**PICKLEBALL/TENNIS COURTS:**

Mill Creek Court Tennis Complex

Ct 1 \_\_\_\_\_    Ct 3 \_\_\_\_\_    Ct 5 \_\_\_\_\_    Ct 7 \_\_\_\_\_    Ct 9 \_\_\_\_\_    PB 1 \_\_\_\_\_  
Ct 2 \_\_\_\_\_    Ct 4 \_\_\_\_\_    Ct 6 \_\_\_\_\_    Ct 8 \_\_\_\_\_    Ct 10 \_\_\_\_\_    PB 2 \_\_\_\_\_

Sue Oertley Courts

Ct 1 \_\_\_\_\_    Ct 3 \_\_\_\_\_    Ct 5 \_\_\_\_\_    PB 1 \_\_\_\_\_    PB 3 \_\_\_\_\_    PB 5 \_\_\_\_\_  
Ct 2 \_\_\_\_\_    Ct 4 \_\_\_\_\_    Ct 6 \_\_\_\_\_    PB 2 \_\_\_\_\_    PB 4 \_\_\_\_\_    PB 6 \_\_\_\_\_

Brooklet Pickleball Courts

PB 1 \_\_\_\_\_    PB 2 \_\_\_\_\_    PB 3 \_\_\_\_\_    PB 4 \_\_\_\_\_    PB 5 \_\_\_\_\_    PB 6 \_\_\_\_\_

RENTAL FEE DUE: \_\_\_\_\_ PAID: YES NO

PERMIT #: \_\_\_\_\_

LIABILITY INSURANCE CERTIFICATION: \_\_\_\_\_

DATE: \_\_\_\_\_

STAFF MAKING RESERVATION: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_