



City of Pickens

www.cityofpickens.com

FACILITY USE AGREEMENT AND RELEASE/INDEMNIFICATION

- A. In consideration for being permitted to use the facilities of the City of Pickens, Brenda Black (hereinafter "Applicant") agrees to indemnify and hold harmless, the City of Pickens, its officers, employees, and insurers, from and against all liability, claims, and demands, which are incurred, made, or brought by any person or entity, on account of damage, loss, or injury, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, death, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the use of the facilities, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of City of Pickens, its officers, or its employees, or from any other cause whatsoever.
- B. By signing below, Applicant agree that, in the event of any damage, loss, or injury to the facilities or to any property or equipment therein, City of Pickens may deduct from the damage deposit the full amount of such damage, loss, or injury. Applicant further agrees that, if such damage, loss, or injury exceeds the amount of the damage deposit, Applicant will within thirty (30) days of billing reimburse City of Pickens for all costs associated therewith upon billing by City of Pickens.
- C. In addition, in consideration for being permitting to use the facilities, Applicant, on behalf of itself, and its officers, employees, City of Pickens, and invitees, hereby expressly exempts and releases City of Pickens, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, on account of injury, loss, or damage, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, or death, that Applicant may incur as a result of such use, whether any such liability, claims, and demands result from the act, omission, negligence, or other fault on the part of City of Pickens, its officers, or its employees, or from any other cause whatsoever.

X Brenda Black

Name of Person/Organization

X Same

Signature of Person/Organization Representative

Date



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Pickens Doodle Park, AnMed Health Cannon Pavillion.

Use Form.

To Obtain Permission to Use the Pavilion, Please Complete the Information Below Then Submit the Form To City Hall.

Brenda Black

Name of Organization (Or Individual)

105 Donald Drive

Address Easley, SC 29642

Brenda Black

Contact Person

864-533-6895

Phone Number

Sept 4th 2022

3-5 pm

Date(s) & Time(s) Requested

Grandson's 8th Birthday Party

Describe Activities

Brenda Black

Signature of Person Requesting

USE FEE: \$75.00

Cleaning Deposit: \$25.00

Approved As Requested

Use is Denied

Approved with Conditions Listed Below

Release Form Signed

Authorized Signature—City of Pickens

Date

____ Please be advised that you will be responsible for cleaning up after your event. A cleaning deposit may be required and held if the area is not cleaned upon leaving. **NO GRILLS** allowed at the park and **NO REFUNDS** will be issued.