

PAVILION

Regulations and Guidelines

(For Reservations call 423-396-3135)

1. Please be mindful of guests who have reserved this Pavilion for gatherings.
2. The Pavilion may be reserved in 3-hour timeframes: 9am-noon, noon-3pm, 3pm-6pm, 6pm-9pm.
3. Each 3-hour timeframe includes set up and event break down and cleaning.
4. Respect the group that follows by **cleaning up completely** and vacating the area in a timely manner for the next reservation. Trash receptacles are shared by park users. Be prepared with extra trash bags and packing out trash that does not fit into the park trash receptacles.
5. When using party decorations, please remove all balloons, strings, tape, etc. Discard these items properly to prevent harm to wildlife and curious children.
6. Do not hang anything from trees, bushes or light fixtures.
7. Please monitor children closely at all times.
8. Use the water fountain for **drinking only**.
9. Vehicles are not allowed on the grass; use parking spaces.

Please help keep the park clean

NO SPRAY PAINT, SILLY STRING, CHALK OR ANYTHING THAT RESEMBLES GRAFFITI, INSIDE OR AROUND PAVILION, RESTROOM OR ON THE PLAYGROUND IS ALLOWED

NO INFLATABLES/CANOPIES/TENTS ARE ALLOWED

NO REFUNDS Call 423-396-3135 to reschedule

THIS IS A NON-SMOKING FACILITY

PAVILION APPLICATION

NAME: _____

PHONE: _____

RENTAL DATE: _____

TIME: 9AM-12PM
 12-3PM
 3-6PM
 6-9PM

IMAGINATION STATION PAVILION

TUCKER ROAD PAVILION

Please send completed forms to Kristi by:
E-mail: kwheeler@collegedaletn.gov or fax: 423-396-3138

FOR OFFICE USE ONLY

PAID \$ _____

RECEIPT # _____

DATE RECEIVED _____

INDEMNITY AGREEMENT

THIS AGREEMENT made and entered into this ____ day of _____, 20 ____, by and between CITY OF COLLEGEDALE, TENNESSEE, a municipal corporation created and existing under the laws of the State of Tennessee, hereinafter referred to as "CITY", and

_____ hereinafter referred to as "USER".

WITNESSETH:

WHEREAS, the City is the owner of certain public facilities, which are available for use by clubs, groups and organizations subject to the rules, regulations and conditions set forth by the City; and,

WHEREAS, User desires to use the facility for _____

on _____, 20 ____, and, as a condition of such use, the City requires that User indemnify and hold and save harmless City from any damage, injury or liability of any nature which may arise as a result therefrom.

NOW, THEREFORE, for and in consideration of the mutual covenants set forth herein, it is agreed between the parties as follows:

1. City hereby consents to the use of the aforementioned public facility by User for the purpose set forth above.

2. User does hereby remise, release, discharge, indemnify and hold and save harmless City of and from all, and all manner of, actions and causes of action, suits, damages, injuries, claims and demands whatsoever in law or in equity, which may result from, or in any way relate to, the use by User and its officers, employees, agents, guests, patrons, invitees and/or customers of the facility and adjoining property. In the event any legal proceeding is taken against City, User shall provide legal counsel to represent and defend City and shall be responsible for all costs and expenses related thereto. User further agrees to be responsible for and repair any damage done to the facility or City's surrounding property as a result of its use thereof.

IN WITNESS WHEREOF, the parties have executed this agreement.

CITY OF COLLEGEDALE

By: _____

Title:

USER

By: _____

Address: _____

City & Zip: _____

Phone: _____



City of Collegedale

4910 Swinyar Dr. P.O. Box 1880
Collegedale, TN 37315
423.396.3135

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the City of Collegedale to make a one-time debit to your credit card listed below. By signing this form, you give the City of Collegedale permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please Print or Type the following information:

I _____
(FULL NAME) authorize the City of Collegedale to charge my credit card
account indicated below for _____ on _____. This payment is for
(AMOUNT) (TODAY'S DATE)
a Pavilion Rental on _____ from _____.
(DATE OF PARTY) (TIMEFRAME: 9am-12pm, 12-3pm, 3-6pm or 6-9pm)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3-digit number on back of Visa/MC) _____

SIGNATURE _____ DATE _____

I authorize the City of Collegedale to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

Please send completed form to Kristi by:
kwheeler@collegedaletn.gov Or fax 423.396.3138