



2017 RENTAL APPLICATION

All information must be legible and complete.

Business/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

E-mail: _____

Purpose for Rental: _____

Date(s) of Use: _____ Hours of Use: _____

Facility: Farmers Market _____ \$100 per Day Pavilion _____ \$40 per Day

Non-refundable Reservation Fee: \$25

Security Deposit: \$100

Is organization Non-Profit? Yes No

As a condition of my using the Union County Farmers Market facilities, I waive all claims of liability against Union County and its respective officers and employees and to hold same harmless for injury or damage to person or property which might arise in conjunction with my using this County facility. The undersigned assumes all responsibility for damages incurred to Union County Farmers Market during my use of the facilities. I also understand that I am responsible for clean-up and removal of all trash and garbage generated by my use and agree to leave facilities (including bathrooms) in a clean condition.

RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned has this date agreed to rent and/or participate in a program to be conducted on property owned by Union County, GA. The undersigned hereby releases, indemnifies and hold harmless Union County, Georgia, Lamar Paris, Sole Commissioner and all employees of Union County, GA from any and all claims, suits and liability (including reasonable attorney's fees) against them or any of them that may arise in connection with any injury to person or property occurring during the undersigned's rental and/or participation in a program which is being offered on Union county, GA property, and not caused by the gross negligence any such entity or person, the undersigned further agrees to assume all risks of injury, damage or loss to self and property arising from my rental and/or participation in the program being conducted on Union County, GA owned property. This agreement shall be governed by and construed in accordance with the Laws of the State of Georgia.

Print Name: _____

Signature: _____ Date _____

For Office Use Only

Amount \$ _____ Cash Check Ck # _____ Rec'd by _____ Date _____

Refund Deposit Amount \$ _____ By _____ Date _____