

PARK FACILITY RESERVATION REQUEST FORM

Baldwin County Commission
Central Annex, 22251 Palmer Street
Robertsdale, AL 36567
251.972.8555

Contact Person(s) Name:

Group/Organization Name:

Street, City and Zip

Telephone Number(s):

Baldwin County Commission - Fee Schedule

Bicentennial Park Location(s) Select all that apply

Bicentennial Park Group Tour

☐ Group Tour = \$5.00 a person

Bicentennial Park Church

Not Applicable (none) ▼

Bicentennial Park Pavilion

Not Applicable (none) ▼

Bicentennial Park - Entire Park

Not Applicable (none) ▼

Live Oak Landing Location(s) Select all that apply

Live Oak Landing Pavilion

Not Applicable (none) ▼

Live Oak Landing - Entire Park

Not Applicable (none) ▼

Live Oak Landing Tournaments

☐ \$5.00 per each boat

Number of boats anticipated

Applicable to fishing tournaments

***If you are reserving for a non-profit organization, you must provide proof of non-profit status.**

The use of the weigh station is included in the tournament fees.

County Staff Present During Event is 2 County Employees

(These rates do not cover the presence of Sheriff's deputies at an event, only county employees assisting at request of event organizer)

All cancellations must be made 14 days in advance to receive a full refund of deposit. Cancellations made less than 14 days in advance will forfeit the deposit amount.

Date(s) of Event:

Time(s) of Event:

Number of People Attending:

Describe the Event Activity/Purpose:

Email:

Guidelines and Responsibilities of the Requestor(s):

- Regardless of any reservation made, the public is allowed to use the above properties during the hours the properties are open.
- Setting up prior to a function and clean up after is the responsibility of the user. The areas used should be left in the same condition as they were prior to the event.
- Anyone fishing must comply with the State of Alabama fishing requirements.
<http://www.outdooralabama.com/freshwater-fishing-license>

In order to preserve the Historic Montpelier Church, the following is NOT allowed:

- Decorations that penetrate or adhere to any part of the building
- Open Flames
- Food or Drinks

Required

☐ I have read and agree to comply with the above listed guidelines and responsibilities for this reservation.

FOR OFFICE USE ONLY:

Received By:

Date:

Usage Fee:

Deposit:

**BALDWIN COUNTY COMMISSION
INDEMNIFICATION AND USAGE REQUIREMENTS**

(Event – Date)

IN ITS USE of Baldwin County, Alabama's Facility on Date, Contact Person (responsible party and on behalf of the entire event) agrees to indemnify, defend, and hold harmless Baldwin County, Alabama, its Commissioners, officers, department heads, employees, agents, and representatives, against all claims, costs, losses, expenses, demands, actions, or causes of action, including reasonable attorney's fees and other costs and expenses of litigation, which may be asserted against or incurred by Baldwin County, Alabama, or for which Baldwin County, Alabama, may be liable, which arise from the negligence, misconduct or acts of Contact Person, his employees, invitees, agents, or subcontractors arising out of any activities, actions or omissions in relation to the use of Baldwin County, Alabama's Facility. Baldwin County, Alabama, does not and shall not waive any rights against Contact Person which it may have by reason of this indemnification. Furthermore, Contact Person agrees, in use of Baldwin County, Alabama's Facility, to return said county property to a pre-event condition upon exiting said county property. Contact Person duties and requirements contained within this indemnification agreement shall survive the termination or expiration of this Indemnification and Usage Requirements instrument. The use of the Facility shall be subject to all rules, regulations and requirements as may be adopted and/or amended by the Baldwin County Commission.

IN WITNESS WHEREOF, Contact Person has executed this Indemnification and Usage Requirements instrument as of the date of full execution herein below.

BY: _____ /
/Date

AS: Responsible Party

STATE OF _____

COUNTY OF _____

I, _____, a Notary Public in and for said County in said State, hereby certify that Contact Person, whose name as responsible party, is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he/she, with full authority, executed the same voluntarily on the day the same bears date.

GIVEN under my hand and seal this the _____ day of _____, 20____.

Notary Public
My Commission Expires: _____