

**CITY OF MOUNT PLEASANT  
FACILITY USAGE AGREEMENT- PAVILIONS**

Agreement made the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by and between \_\_\_\_\_, hereinafter referred to as “*Indemnitor*”, and the **City of Mount Pleasant**, hereinafter referred to as “*Indemnatee*”, for the following facility

**Dellwood Park Pavilions:**                            Danny Drive                                    Redfearn                                    West End        

        Heritage Pavilion                                    Caldwell Park Gazebo (no water slides, bounce houses, or grills)        

        Oaklawn Pavilion                                    Town Lake Pavilion                            \_\_\_\_\_

On \_\_\_\_\_, 20 \_\_ From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm.

**The parties hereby agree to the following:**

1.        **Payment due ASAP in order to put you on the calendar. First come first served.**
2.        Alcoholic beverages are not allowed.
3.        All lights will be turned off no later than 11:30 p.m. on week-days.
4.        **All litter will be properly disposed of and restrooms cleaned (if applicable) by the *Indemnitor* following use of said facility.**
5.        NOW THEREFORE, *Indemnitor* shall waive, release and discharge any and all claims for damages for personal injury, death or property damage, or injuries to or death of any person or persons, including property and employees of *Indemnatee*, and shall defend, indemnify and save harmless *Indemnatee* from any and all claims, demands, suits, actions or proceedings of any kind or nature, including worker’s compensation claims, of or by anyone whomsoever, in any way resulting from or arising out of the use by *Indemnitor* of said facility.

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address: \_\_\_\_\_

        Amanda Sanders          
*Customer Service Representative, City of Mount Pleasant*

**For Reservations: 903-575-4000**

**Fax Number: 903-577-1828**

**email: [asanders@mpcity.org](mailto:asanders@mpcity.org)**

***For any problems with the space reserved, notify the Police Dept., 903-575-4004.***

Invoice Number: \_\_\_\_\_

Fee Due: \$ \_\_\_\_\_

Fee Paid: \_\_\_\_\_

**PAYMENT OF INVOICE SIGNIFIES AGREEMENT TO THE ABOVE CONSIDERATIONS**