



GYMNASIUM RESERVATION FORM

City of Jackson Department of Parks & Recreation

Facility Requested: _____ Date(s) Requesting Facility: _____
 Name of Organization: _____
 Contact Person or Coordinator: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Fax Phone: _____
 Email: _____

Event Information

Name of Event: _____
 Brief Description: _____
 Requested Time Frame: _____ *(Note: Please include your set-up time and clean-up time)*
 Total Hours of Event: _____ Estimated Attendance: _____
 Will you generate revenue off this event? Yes No Will you be having a concession stand? Yes No

User Provisions for Park & Recreation Facilities

- _____ 1. The rental cost for the City of Jackson Gymnasium(s) is **\$20.00** per hour. There is a **\$200.00 damage deposit** due thirty (30) business days prior to the event, in the form of check or money order. The deposit will be mailed back to the customer fifteen (15) business days after their reservation has taken place if there are **NO damages**.
- _____ 2. Special arrangement for fund-raising activities must be made through the Division Manager and be approved by the Department Director. A letter for each fund-raiser will be required prior to a reservation being secured.
- _____ 3. **It shall be unlawful for any person to have in his or her possession weapons, drugs, or drug paraphernalia or to consume any alcoholic beverages on the premises.**
- _____ 4. A staff member of the department will be present at all times when a recreation facility is in use. The staff on duty is not allowed to take any payment for additional time.
- _____ 5. **Use of profane language or disorderly conduct will cause termination of reservation and immediate clearing of building. Reservation fees will not be returned.**
- _____ 6. Recreational facilities may not be used for partisan political purposes, including sponsoring or conducting candidate meetings.
- _____ 7. No tape, thumb tacks, or staples may be used on walls or ceilings. No decorations may be left on walls or ceilings.
- _____ 8. If there is not a staff member present when you arrive, please call: (769) 233-3017 or (601) 291-0144.
- _____ 9. If insurance is required, you will need a one million dollars (\$1,000,000) liability policy with the City of Jackson, City of Jackson Parks & Recreation Department, and the facility in use as a co-insurer.
- _____ 10. The City of Jackson Parks & Recreation Department reserve the right to amend any/all schedules as necessary for pre-scheduled or mandatory activities (ex. local, state, and national voting activities).
- _____ 11. You are responsible for providing your **own security**. Required _____ or Not Required _____
- _____ 12. You are responsible for cleaning the building after your event.
- _____ 13. Any violation of the above provision could result in denial of future use.

The undersigned does hereby agree to indemnify and save harmless the **City of Jackson** for any damages incurred by the **City of Jackson** resulting directly or indirectly from use by the undersigned of the facility. This indemnification shall include not only physical damage to property of the **City of Jackson**, but also claims by third person for injuries or property damage resulting from such use due to negligence or intentional acts of the Undersigned, its Agent, Employees, Workers, Heirs, Invitees, Administrators or Assigns.

When Reserving a Facility, I understand that I am responsible for the actions of all participants. I understand that note of cancellation shall be given by phone or in writing 24 hours in advance.

Applicant Signature _____ Date _____

For Office Use Only

Rental Deposit: Date _____ Payment \$ _____ Receipt # _____ Refunded: Yes ___ No ___ Date _____
 Rental Fee(s): Payment \$ _____ Receipt # _____ Check # _____ MO# _____
 Approved: Yes ___ No ___ Is insurance required: Yes ___ No ___ Initial: _____ Date _____