

Lake Jackson Parks and Recreation Department
91 Lake Rd, Lake Jackson, TX 77566
979-297-4533 fax 979-297-0021

Shy Pond Park Rental Agreement

Date of Use: _____ **Hours of use:** _____ **to** _____ **Estimated number in attendance:** _____

PLEASE PRINT CLEARLY

Contact Person (Person to Receive Deposit Refund): _____

Phone: _____ **Alt. Phone:** _____

Mailing Address for Deposit Refund: _____

City: _____ **State:** _____ **Zip Code:** _____

Description of Event: _____

Please initial by each listed item below:

1. _____ Pavilion hours of rental are from 8:00am – dusk.
2. _____ Absolutely no sale of alcoholic beverages.
3. _____ Absolutely no glass containers.
4. _____ Patron(s) must be 18 years of age to rent facility.
5. _____ Any profanity through a p. a. system will result in the immediate closing of the reserved venue, and will result in forfeiture of deposit.
6. _____ Grounds must be left litter free, and all trash must be placed in trash cans. Failure to clean up facility and place all trash in provided cans could result in forfeiture of deposit.
7. _____ Park in designated areas only.
8. _____ At no time can the sound level exceed **eighty (80) decibels** anywhere within the area of Shy Pond Park.

The following is the City ordinance regarding sound amplification in City parks:

Sec. 86-67. Sound amplification.

It shall be unlawful for any person, group or entity, while in a public park on a public street, to make unreasonable noise or to amplify noise, music or speech in a way that interferes with the comfort and repose of persons residing in surrounding neighborhoods or that annoys, injures or endangers the comfort, repose, health or safety of persons residing in surrounding neighborhoods. Therefore no sound amplification system shall be permitted in parks or on streets that is above eighty (80) decibels (except during July 4th fireworks displays) as measured at the location of the sound amplification.

Deposit Required: \$15.00 **Amount Paid:** _____ **Date Paid:** _____

Rental Fee Required (2 hour minimum):

_____ **North Pavilion \$7.50/hr** **Amount Paid:** _____ **Date Paid:** _____

_____ **South Pavilion \$7.50/hr** **Amount Paid:** _____ **Date Paid:** _____

Your refund will be mailed within 3-4 weeks of your event. Any and all damage to city facilities due to rental may result in partial or total forfeiture of deposit. If damage exceeds deposit, you may receive additional billing. Signature designates applicant has read, understands and agrees to comply with the rules and the regulations stated. Failure to comply may constitute forfeiture of deposit. Applicant understands that the City of Lake Jackson is not responsible for any actions that take place during or resulting from this event and is immune from liability for any cause of action which may arise as a result of negligence of the City of Lake Jackson or any person involved with or attending this event. I agree to indemnify and hold the City of Lake Jackson harmless from all liability for the foregoing.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY		
Employee Signature: _____	Date: _____	Receipt _____
Payment: Cash _____	Check Number _____	Credit Card Visa MC Discover Conf # _____