



Madison County Parks and Recreation

Facility/Field Rental Form

Complete the following information and either drop at the MCPRA office located at Hoover Ridge or mail to PO Box 435, Madison VA 22727 with payments. Checks made payable to Madison Co. Parks and Recreation Authority. For online reservations, please e-mail completed form to lindsay.mcparksrec@gmail.com and pay at www.hooverridge.com/rentals.

Facility:

Hoover Ridge Park (follow directions to Primary School Drive, Madison, VA):

- Carpenter Pavilion** (\$50/4 hours; \$50 refundable deposit)
- Camp Crockett Pavilion** (\$25/4 hours; \$50 refundable deposit)
- Camp Crockett** (\$50/night; \$50 refundable deposit)
- Pond Pavilion** (\$25/4 hours; \$50 refundable deposit)
- Sand Volleyball Pavilion** (\$25/4 hours; \$50 refundable deposit)

Multipurpose Fields:

Please Specify (\$100 per day, \$50 refundable fee)

- Hoover Ridge Softball/Baseball (circle: H1, H2, H3, H4)
 - Request Bathrooms (additional \$50)
- Hoover Ridge H5
 - Request Bathrooms (additional \$50)
- Hoover Ridge Football Field
- Hoover Ridge Soccer Field (circle: U6, U8, U10, U12, U14, U18)
- E1 (School Board Court, Madison, VA)
- E2 (School Board Court, Madison, VA)
- Primary School P1 (158 Primary School Drive, Madison, VA)
- Recreation Center Hockey Rink (312 Thrift Road, Madison, VA)
- Waverly Yowell Field (1809 Main Street, Madison, VA)

Rental Information

Dates Requested: _____ Times: _____

Name/Organization: _____

If Organization, Contact Person/Title: _____

Address (deposit will be returned here): _____

Phone: _____ Alternate Phone: _____

E-mail address: _____

Emergency Contact (Name/Phone): _____

Are you a citizen of Madison Co: _____ Yes _____ No

Type of event being held: _____

For whose benefit is the event: _____

Will you have a caterer or other paid service at the event?

_____ Yes _____ No If yes, list type of service _____

Will the public be admitted: _____ Yes _____ No

If yes, is admission charged? _____ Yes _____ No

Is there a 3rd party agreement with a profit-making organization? _____ Yes _____ No

If yes, Name of Organization: _____

Number of people expected in attendance? _____

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OFFICE USE ONLY

Rental Fee Received by: _____ Date: _____ Payment method: _____

Deposit Received by: _____ Date: _____ Payment method: _____

Deposit Refunded by: _____ Date: _____ Check #: _____

Your Application has been approved

Changes/Stipulations: _____

Liability Insurance Required (\$1,000,000): _____ Yes _____ No

We're sorry but the date(s) requested are unavailable

Certification

I, as a duly elected officer, duly appointed representative of said organization, or responsible party for the reservation, hereinafter "sponsor", certify that our organization agrees with the following conditions of use:

1. The sponsor agrees to assume all risks and liabilities in connection with the use of the facilities requested, and hereby release, absolve, and agree to save, defend, hold harmless and indemnify including without limitation, property damages, personal injury or death, the County of Madison, its officers, employees, and agents; from and against all liability for claims or judgments arising out of the use of the requested facility by the sponsor, or arising from the actions of the sponsor, or its agents, employees, members, or invitees.
2. The sponsor understands that the County does not provide medical insurance or hospitalization for participants and if such insurance is desired, it is the responsibility of said organization and/or participant.
3. Additionally, all applicable rules and regulations and County ordinances will be adhered to.
4. A refundable deposit of \$50.00 is required at the time of reservation.
5. Moon bounces and other entertainment services are not permitted. Please call for restrictions.
6. Sponsors are expected to leave the facility clean and orderly. All litter must be deposited in receptacles at the site. If litter is in excess of the receptacles' capacity, it shall be placed (neatly bagged) in or next to the facilities dumpster or carried off site. All decorations must be removed before sponsor leaves facility. If the facility is not left clean, the deposit will be forfeited. Additional cleaning fees may apply if the Department incurs any unexpected cleaning cost.
7. The sponsor agrees to pay for all damages to public property and for any other charges that may be incurred as a result of the facility use other than normal wear and tear. Any damages beyond normal wear and tear will also result in the deposit being forfeited.
8. Alcoholic beverages and controlled substances are prohibited.
9. All vehicles must be parked in designated parking areas only. No private vehicles are permitted on any other areas of public facilities.
10. No food/drink concessions shall be operated without a proper permit from the Madison County Health Department and compliance with Madison County Health Department regulations.
11. Admission fees will not be charged for activities without prior approval.
12. Requests for facility use by non-school or non-county organizations may not be approved until school and county athletic field schedules are set.
13. Pet owners must pick up and dispose of all pet feces in trash receptacles.
14. The Department reserves the right to cancel any activity at any time.
15. All cancellations should be made as soon as possible. Any cancellations after 4:30pm the business day before the rental will not be refunded.

FAILURE TO ABIDE BY THE ABOVE CONDITIONS AND MADISON COUNTY PARKS AND RECREATION POLICIES MAY RESULT IN REVOCATION OF THIS PERMIT AND DENIAL OF APPROVAL FOR FUTURE REQUESTS.

My organization and I hereby agree to protect, indemnify, and hold harmless the County of Madison, the Madison County Board of Supervisors, and the Madison County Park and Recreation Authority, its officers and employees from any and all claims, liabilities, damages and/or costs and fees, including professional fees, directly or indirectly related to the use of these premises by my group or organization. I have read, understand and agree to the CONDITIONS OF USE FOR COUNTY PARKS AND FACILITIES. I understand that my organization or I may have to provide a certificate of liability insurance. If required, approval WILL NOT BE GRANTED until this is received. I have the authority to sign this application on behalf of my group or organization.

Signature

Date