

**TRAILS CDD
WINCHESTER RIDGE AMENITY ROOM RENTAL FORM**

Room Rental Application

Name of Applicant: _____ Today's Date: _____
Street Address: _____
Daytime Phone: _____
Intended Use: _____ Estimated Attendance _____
Date of Event: _____ Time (5hr max.) _____ to _____

I agree to indemnify and hold harmless the Trails Community Development District, and their agents, supervisors, officers, directors, employees, and staff from any and all liability, claims, actions, suits, or demands by any person, corporation, or other entity, for liability, claims, actions, suits, or demands by any person, corporation, or other entity for injuries, death, property damage of any nature arising out of or in connection with the use of the Amenity Center. Nothing herein shall constitute or be construed as a waiver of the District's sovereign immunity granted pursuant to Section 768.28, Fla. Stat.

I have read, understand, and agree to abide by all policies and rules of the District governing the Amenity Center. Failure to adhere to the District's policies and rules may result in the suspension or termination of any privileges to use the facility. I also understand that I am financially responsible for any damages caused by me, my family members, and my guests. If requested, I will obtain an event insurance policy naming the Trails Community Development District, and their agents, supervisors, officers, directors, employees, and staff as additional insured.

Signature of Applicant Date

Please initial by each:

1. _____ There is a maximum Capacity of 50 for the Rental Room. Residents must inform their guests that once the scheduled party is completed, all guests are requested to exit.
2. _____ The rental fee is Fifty Dollars (\$50.00) for up to 25 guest and One Hundred Dollars (\$100.00) for 26 guest to 50 guest.
3. _____ The five (5) hour maximum time limit includes setup and cleanup time. Please schedule accordingly.
4. _____ The five (5) hour maximum time limit applies to all guests in attendance. Guests are required to sign in (Party Sign In Sheet). Once party is complete, all guests are required to exit. Standard guest policy applies outside scheduled reservation.
5. _____ Use of the Kitchen facilities (refrigerator, etc) in the room is to remain accessible to all residents renting an area.
6. _____ A refundable security deposit in the amount of One Hundred Fifty Dollars (\$150.00) shall be provided for the Rental Room
7. _____ **All deposit and rental checks will be cashed prior to rental. The refund check will be processed within 7 to 10 business days after a complete clean-up inspection by District Staff has taken place without incident**
8. _____ Additional fees may be assessed if the clean up is incomplete or if event is not kept within the identified times.

Fee Amount: \$50 or \$100 Check # _____
Deposit Amount: \$150 Check # _____
Received By: _____ Date: _____