

CITY OF MAYSVILLE
MAYSVILLE CITY PARK
PAVILION RESERVATION RENTAL PROCEDURES

No Alcohol Allowed

- 1) Reservations for the Park pavilions are made on a first come, first serve basis. Reservations for each calendar year will be taken beginning the first business day after the New Year's holiday.
- 2) Reservations and payment may be made in person at the Maysville City Hall, located at 4 Homer Street, Maysville, or by mail. **The fee must be paid before a reservation is confirmed.** Reservations may be requested by phone, but those making the request must make payment at the time of their reservation. Your receipt will be your confirmation of your reservation. Individuals who mail in a reservation will be confirmed only if there is space available at the time the request is processed by Maysville City Hall. A receipt will be given to the reserving party as confirmation.
- 3) Reservations should be made for the date, hours and specific pavilion location. Pavilions can be reserved and used during normal Park hours only. Pavilions will be held for one hour past the reserved starting time. If the party does not show by this time, the pavilion will be released for other Park visitors to rent. Special reservation times may be made if requested and approved by the City of Maysville.
- 4) Reservation fees are non-refundable.
- 5) A waiver of the reservation fee may be granted to community-wide civic groups and school groups. However, in the event that such a group fails to show up on its scheduled date without two weeks advance notice, the City of Maysville reserves the right to bill the group the rental fee to replace lost revenue. **Principals must sign for school groups.**

Reservations are made through Maysville City Hall, located at 4 Homer Street, Maysville, Ga. 30558. For more information, call 706-652-2274.

Reserving the pavilions and not using them potentially denies someone else the opportunity to use the pavilions or the pavilion of their choice. The fee is necessary to help cover some of the expense of Park and pavilion maintenance. All picnic tables are on a first come, first serve basis. We do not reserve picnic tables.

PARK HOURS

March 1 – October 31	8 A.M. – 9 P.M.
November 1 – February 28	8 A.M. – 6 P.M.

Note: Park hours are subject to change due to weather conditions or other factors.

CITY OF MAYSVILLE
4 Homer Street Maysville, Ga. 30558 706-652-2274

CITY OF MAYSVILLE
MAYSVILLE CITY PARK PAVILION RENTAL FORM
4 HOMER STREET
MAYSVILLE, GEORGIA 30558
706-652-2274

Please sign below. Mark payment information and return this form with your payment before the due date.

Name: _____ Group Name: _____

Contact Person: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Pavilion Requested: #1 _____ #2 _____ Date Requested: _____

Time: 9:00 a.m. to 12:00 noon _____ 1:00 p.m. to 4:00 p.m. _____ 5:00 p.m. to 8:00 p.m. _____

All Day: 9:00 a.m. to 8:00 p.m. _____

Payment is due upon reservation rental request.

Date rental fee paid: _____

I have received a copy of the Maysville City Park reservation rental procedures.

I agree to the guidelines stated.

Signature: _____ Date: _____

Rental Fees: 3 hours (inside city) \$ 75.00	3 hours (outside city) \$100.00
6 hours (inside city) \$125.00	6 hours (outside city) \$150.00
All Day (inside city) \$150.00	All Day (outside city) \$200.00

The physical address for the Park

48-A Homer Street
Maysville, Ga 30558

CITY OF MAYSVILLE - WAIVER AND RELEASE OF LIABILITY

In consideration for being permitted to use a City of Maysville facility and property owned by the City of Maysville, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. I acknowledge, agree, and represent that I understand the nature of the activities that I intend to engage in at a City of Maysville facility and on property owned by the City of Maysville and that I am qualified, in good health, in proper physical condition to engage in such activities, and willingly agree to comply with the stated and customary terms and conditions for participation in such activities. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further use of the City of Maysville facility and property.

2. I agree to assume all risks and hazards of engaging in use of City of Maysville's facilities and property, including all risks for personal injury, death, and property damage.

3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE CITY OF MAYSVILLE, ITS STAFF, INSTRUCTORS, VOLUNTEERS, OFFICIALS, SPONSORS, PARTNERS, OR REPRESENTATIVES (hereinafter referred to as "RELEASEES") FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNITY AGREEMENT I, OR ANYONE ON MY BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATIONS EXPENSES, ATTORNEY'S FEES, LOSS, LIABILITY, DAMAGES, AND COSTS WHICH MAY INCUR AS THE RESULT OF SUCH CLAIM. HOWEVER, NOTHING SHALL RELIEVE RELEASEES FROM WILLFUL MISCONDUCT OR GROSS NEGLIGENCE.

BY SIGNING THIS AGREEMENT I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND THE TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT AND HAVE SIGNED THE AGREEMENT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT. YOU UNDERSTAND THAT YOU ARE NOT COVERED BY ANY INSURANCE POLICY HELD BY THE CITY OF MAYSVILLE FOR DAMAGE TO PROPERTY, INJURY OR DEATH. YOU CERTIFY THAT YOU ARE THE LEGAL CUSTODIAN AND GUARDIAN OF ANY MINOR CHILDREN WHO ARE THE SUBJECT OF THIS RELEASE, FOR WHOM YOU ARE EXECUTING THIS RELEASE.

THIS AGREEMENT SHALL BE GOVERNED BY THE LAW OF THE STATE OF GEORGIA.

Print Name _____ Date of Birth _____

Releasor (signature) _____ Date _____

Or,
Parent/legal Guardian (signature) _____ Date _____

Address _____

Email _____ Phone _____