

LADERA RECREATION DISTRICT
150 ANDETA WAY, PORTOLA VALLEY, CA 94028
(650)854-3242
AGREEMENT TO LEASE RECREATION FACILITY

Lessee Name _____ Tel. # _____

I am (am not) a Ladera Resident I am (am not) a member of the LRD

Date of Rental: _____ Time of Rental: From _____ To _____
(not later than 10:30 pm)

of guests _____

Type of Activity/Entertainment (Amplified music not allowed outside) _____

We will (will not) be consuming alcoholic beverages

We agree to remove all decorations at the end of the event _____ (please initial)

Pool Only- We will (will not) use the BBQs _____ We will (will not) provide our own charcoal

Pool Only - # of lifeguards required _____

CERTIFICATE OF INSURANCE REQUIRED. In order to induce Ladera Recreation District to lease its recreation facility to me, I agree that, prior to my party entering the premises, I will supply the manager of the District with a Certificate of Insurance two weeks prior to the event listing Ladera Recreation District and its agents and employees as an insured or additional insured, evidencing personal injury and property damage liability coverage in the minimum amount of \$1,000,000/\$1,000,000 bodily injury liability, and \$1,000,000/\$1,000,000 property liability.

HOLD HARMLESS AND INDEMNITY REQUIREMENT User agrees to be solely responsible for any and all liability, claims, loss, damages, costs and expenses, including attorneys' fees, arising out of, or resulting from, any injury or death of persons or damage to property which arise out of its use of the District's facilities. User agrees to defend, indemnify and hold harmless the District, its officers, agents, employees and volunteers against any and all such claims, demands, causes of action, suits and expenses, arising out of or resulting from its use of the District's facilities.

I have read the foregoing provisions and understand them, and agree to assume the obligations which they impose. I understand that these provisions are material basis for Ladera Recreation District allowing me to use its facility.

Signature of Lessee

Date

Deposit Amount _____

Check # _____