

MADEIRA RESIDENT'S CLUB FACILITY USE APPLICATION

Name: _____ Phone: _____

Address: _____

Date of party: _____ Number of guests (approximately): _____
(If over 25 guests - an additional monitor fee is required)

Time of party: From: _____

To: _____
(3 hours max-- includes setup and clean-up)

My guests and I, _____, hereby agree to the Madeira
(print name)

Resident's Club rules. I am leaving a deposit of \$100.00 (Check # _____). If the party is not during the hours the pool monitor is on duty, \$50 of the \$100 deposit will be used for their trip charge to visit the recreation room within 24 hours of close of the party. I acknowledge my **ENTIRE** deposit will be forfeited and additional fees incurred if I do not clean up and remove trash from the pool and or common area after the party is completed. My guests and I understand alcohol is not allowed on the premises. I understand that I am liable and responsible for any and all damage, injury, and expenses arising from the event.

I agree to indemnify and hold harmless the Madeira Resident's Club, 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 Resident's Club. Nothing herein shall constitute or be construed as a waiver of the Club's sovereign immunity granted pursuant to Section 768.28, Fla. Stat.

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

Signature of Applicant

Date

Deposit Amount

Check Number

Received By

Receipt Number

Approved By

Date