



*The Lowcountry's Hometown*

PO Box 700 | Moncks Corner, SC 29461 | 843.719.7900 | monckscornersc.gov

**APPLICATION FOR USE OF TOWN FACILITIES  
LACEY PARK**

\_\_\_\_\_  
SITE/BUILDING TO BE USED

\_\_\_\_\_  
DATE OF APPLICATION

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

APPLICANT TELEPHONE \_\_\_\_\_

DATE OF USE \_\_\_\_\_

TYPE OF USE \_\_\_\_\_ TIME (START TO FINISH) \_\_\_\_\_

**LIABILITY:** The applicant must be 21 years of age or older and agrees to assume full responsibility for injury to persons or damage to property during the time the site/building is being used under this agreement. The applicant also agrees to be responsible for the use and the care of the Town property. He or she further agrees that the character of entertainment will confirm with that stated on the application. Arrangements for opening and closing of facilities will be made through the Recreation Director. There will be **NO SMOKING** on Town property. Applicant will be responsible for leaving the site/building clean. **THE TOWN RESERVES THE RIGHT TO CANCEL THIS CONTRACT AT ANY TIME.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (MUST BE 21 OR OLDER)

ADMINISTRATION APPROVAL \_\_\_\_\_

**DR. LACEY PARK**

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

FOR VALUABLE CONSIDERATION, \_\_\_\_\_ (“LESSEE”),  
HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF MONCKS  
CORNER FROM ANY AND ALL CLAIMS ASSOCIATED WITH THE ARISING FROM  
OUR USE AND OCCUPATION OF FACILITES OWNED AND CONTROLLED BY THE  
TOWN.

LESSEE DOES FURTHER AGREE TO INDEMNIFY THE TOWN FOR ANY AND ALL  
DAMAGES AND LOSSES OCCURRING TO SAID FACILITY FURING LESSEE’S USE  
AND OCCUPATION THEREOF.

ALL JUMP CASTLES MUST BE ANCHORED DOWN PER THE MANUFACTURE  
SPECIFICATIONS. **WATER SLIDES ARE NOT PERMITTED ON FACILITY PREMISES.**

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
LESSEE

TOWN OFMONCKS CORNER:

BY: \_\_\_\_\_

# RESERVE

SHELTER

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NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

EVENT: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_