



DANIEL JEFFRIES, DIRECTOR

116 NORTH FIFTH STREET  
BARDSTOWN, KY 40004

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Office Telephone 502-348-9281

Pool Telephone 502-348-6472

\*After Hours Contact 502-249-0338  
bprdoffice116@gmail.com

**Rental Agreement**

**(Gym Rental/\$50/hour; Park pavilions/\$80/day; Baseball Field/\$30 per hour)**

**Pool Rental Agreement**

**(1-150 patrons, \$165/hr.; 151-310 patrons, \$210/hr.)**

This Hold Harmless and Indemnification agreement is made this day of \_\_\_\_\_, 20\_\_\_\_, between (Lessee) \_\_\_\_\_, here in after designated as Lessee, and the Bardstown Parks & Recreation Department and the City of Bardstown dealing specifically with the rental of the \_\_\_\_\_ on City of Bardstown property. Lessee agrees to indemnify and save harmless The City of Bardstown and the Bardstown Parks and Recreation Department from and against any and all claims, suits, actions, damages and/or causes of action arising, during the term of this lease, for any personal injury, loss of life and/or damages to the property sustained in or about the demise premises, or the appurtenances thereto, and from and against all cost, expenses and liability incurred in and about any such claim, the investigation thereof or the defense of any action or proceeding brought thereon, and from and against any orders and/or judgements that may be entered therein.

- To cancel or reschedule a rental, the renter must give a 48 hour notice to the Parks & Recreation Department office @ 348-9281, Mon.-Fri., 8:30-12:30/1:30-5:00 or after hours by calling 502-249-0338. The deposit of ½ the rental fee is nonrefundable.
- All decoration supplies and trash must be picked up and deposited by Lessee in the trash receptacles provided. The Facility must be left as it was found.
- The Pavilion is available to rent 7 days a week from 8 am to 10 pm Monday-Sunday.
- The Pool will be available for rent on Friday, Saturday and Sunday evenings.
- For parties of 150 or less only half the pool will be open during the rental.

\_\_\_\_\_  
PRINT NAME OF LESSEE                      PHONE NO.                      ADDRESS OF LESSEE

\_\_\_\_\_  
SIGNATURE OF LESSEE                      DATE SIGNED                      CITY/STATE/ZIP

**OFFICE USE ONLY:**

Check #/ Cash \_\_\_\_\_ Received by \_\_\_\_\_  
Certificate of Insurance \_\_\_\_\_ Number of Patrons \_\_\_\_\_  
Dates & Time of Rental \_\_\_\_\_

Amount of rental: \$ \_\_\_\_\_