

HOLD HARMLESS AGREEMENT

4999 HOA (Name of Organization) does hereby agree to indemnify and hold harmless, Nassau County, its Commissioners, officers, employees, and

agents, for any loss, liability, or expense for any claim for injury to any person or

damage to any property arising out of, or in connection with BOD meeting (Name of Event)

and other activities and events sponsored or arranged for by 4999 HOA (Name of Organization)

which will occur on 7-16-18 (Date of Event) at the American Beach (Name and Location of Property)

including and not limited to any injuries or damages suffered or claimed to be suffered,

by any participant, spectator, or invitee attending or present at said event, including

attorney fees and costs associated with the defense of any claim.

I, JAMES H. LAYMAN JR understand this hold harmless agreement and agree to the terms hereof.

Dated this 7 day of July, 20 18

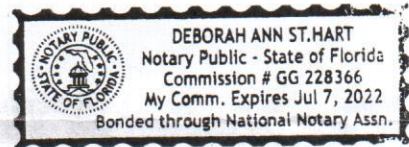
By: [Signature]
(Authorized Agent or Representative of Supporting Organization)

STATE OF FLORIDA

COUNTY OF NASSAU

The foregoing instrument was acknowledged before me this 7th day of July, 20 18, by, who is personally known to me or who has produced Florida drivers license as identification and who did take an oath.

NOTARY PUBLIC [Signature]
State of Florida at Large
My Commission Expires: 07-07-2022



STATE OF FLORIDA

COUNTY OF NASSAU

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____, by, of, a Florida corporation, on behalf of the corporation. He/She is personally known to me or who has produced _____ as identification and who did take an oath.

NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

Nassau County Board Of County Commissioners

County Rental Agreement and Fee Schedule

Renter Information: _____ **Phone:** _____

Mailing Address: _____

Rental Period _____ **From:** _____ **To:** _____

Date/Times Date/Times

Rental and Deposit Fees are to be collected from all renters.

*Deposit minimum \$100.00 or 50% of the total rent for the facility (whichever is greater.)

Community Centers:	<input type="checkbox"/> Bryceville	<input type="checkbox"/> Callahan	<input type="checkbox"/> Hilliard	<input type="checkbox"/> Yulee	<input type="checkbox"/> American Beach
	Commercial	General Public	Non Profit*	<i>*Bona-fide not for profit organization must complete necessary paperwork and obtain County Manager approval before renting a County Facility.</i>	
Full Day	<input type="checkbox"/> \$ 300.00	<input type="checkbox"/> \$ 225.00	<input type="checkbox"/> \$ 125.00		
½ Day	<input type="checkbox"/> \$ 225.00	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 75.00		
Kitchen	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 75.00		
Sub Total	\$ _____	\$ _____	\$ _____		
Sales Tax 7%	\$ _____	\$ _____	\$ _____		
Total Rental Fee	\$ _____	\$ _____	\$ _____		
*Deposit Collected	\$ _____	_____	_____		
		<small>Date Deposit Collected</small>	<small>Date Deposit Returned</small>		

Multi-Use Facility					
	Commercial	General Public	Non Profit*		
Full Day	<input type="checkbox"/> \$ 575.00	<input type="checkbox"/> \$ 425.00	<input type="checkbox"/> \$ 200.00		
½ Day	<input type="checkbox"/> \$ 375.00	<input type="checkbox"/> \$ 275.00	<input type="checkbox"/> \$ 100.00		
Kitchen	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 75.00		
Sub Total	\$ _____	\$ _____	\$ _____		
Sales Tax 7%	\$ _____	\$ _____	\$ _____		
Total Rental Fee	\$ _____	\$ _____	\$ _____		
*Deposit Collected	\$ _____	_____	_____		
		<small>Date Deposit Collected</small>	<small>Date Deposit Returned</small>		

Yulee Sports Complex – Gym					
	Commercial	General Public	Non Profit*		
Full Day	<input type="checkbox"/> \$ 400.00	<input type="checkbox"/> \$ 275.00	<input type="checkbox"/> \$ 150.00		
½ Day	<input type="checkbox"/> \$ 225.00	<input type="checkbox"/> \$ 200.00	<input type="checkbox"/> \$ 100.00		
Sub Total	\$ _____	\$ _____	\$ _____		
Sales Tax 7%	\$ _____	\$ _____	\$ _____		
Total Rental Fee	\$ _____	\$ _____	\$ _____		
*Deposit Collected	\$ _____	_____	_____		
		<small>Date Deposit Collected</small>	<small>Date Deposit Returned</small>		

Sports Complex:	Baseball Field	Football Field	Soccer Field
	Tournament	General	
Un Marked Field	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 50.00	
Light Fee per Hour	<input type="checkbox"/> \$ 15.00 x _____ hrs = \$ _____	<input type="checkbox"/> \$ 15.00 x _____ hrs = \$ _____	
Sub Total	\$ _____	\$ _____	
Sales Tax 7%	\$ _____	\$ _____	
Total Rental Fee	\$ _____	\$ _____	
*Deposit Collected	\$ _____	_____	_____
		<small>Date Deposit Collected</small>	<small>Date Deposit Returned</small>

I have read this Rental Agreement (see reverse) and understand it, I agree I am bound by the provisions of this Rental Agreement, and further, I understand that I or my organization's use of the building is subject to compliance the terms set forth herein.

Renter _____ Print Name: _____

Signature/Date

Custodian/County Representative _____

Signature/Date