



City of Warrenton  
 200 West Booneslick  
 Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

Return Deposit Check Made Payable To:

\_\_\_\_\_

**Pavilion Rental Agreement**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Also referred to as Responsible Party)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Approximate Attendance: \_\_\_\_\_

Activities: (By Special Permit Only)  Wedding  Carnival Rides  Music  Inflatables  
 Live Animals  Tents  Other \_\_\_\_\_

Wedding Location:  Pavilion  Lakeside  Wooded Area

Event Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

	Dyer 1	Dyer 2	Dyer Stage	Morgan	Khoury	Binkley Woods	Binkley Gazebo	Pool Park 1
Resident	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30/3hr	<input type="checkbox"/> \$30					
Non Resident	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60/3hr	<input type="checkbox"/> \$60					
Electric	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	-	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	-	<input type="checkbox"/> \$20
Deposit:	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50						

Total Owed: \_\_\_\_\_

The appropriate fee is required at the time of the application along with a refundable damage/cleaning deposit. No reservation will be made without payment in full. A processing fee of \$10 will apply for all cancelled reservations. Refunds may be granted, minus the processing fee, with a 48 hour cancellation notice.

The responsible party agrees to be solely responsible for all damages to the facility and surrounding grounds. If damage occurs or if cleaning is necessary, charges for such will be deducted from the deposit with any deficit billed to the responsible party. The responsible party agrees to promptly pay the difference.

**Hold Harmless Agreement**

I (the responsible party) agree to indemnify and save harmless the City of Warrenton from any claim or loss sustained by the reason of use and/or participation in activities within the pavilion or City parks, and hereby assume the risk and thereby release the City of Warrenton from any claim, damage, or loss by reason of any accident, injury, or damage to myself or any other person or property belonging to my group, which might occur during the course of us or participation in activities in the parks.

**Responsible Party acknowledgement of Hold Harmless Agreement:**

\_\_\_\_\_

The City of Warrenton may revoke or change agreement at any time. User permit entitles the person making the reservation to exclusive use of only the Pavilion for their group on the specified date. As a Municipal Park, park grounds cannot be restricted from resident use. At the time of application, the responsible party acknowledges that they received a copy of the City of Warrenton Facility/Park rules and will abide by all rules listed by signing below.

Signature of Applicant (Responsible Party): \_\_\_\_\_

**CITY STAFF USE ONLY**

Cashier Section		G&M Section	
City Staff Approval Signature:		Deposit Deduction	_____
Rental Amount _____ (PRKPAV)		Deposit Refund Amount	_____
Deposit Amount _____ (PRKPAVDP)		G&M Approval	_____
Total Amount Due _____		Date	_____

**CITY OF WARRENTON**  
**COVID-19 LIABILITY WAIVER**

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments/health agencies recommend physical distancing and have, in many locations, prohibited the congregation of groups and people. The City of Warrenton (the "City") has preventative measures in place to reduce the spread of COVID-19; however, the City cannot guarantee that you, your children, or any other person, will not become infected with COVID-19. Attending City facilities, activities and or programming can increase your risk and/or your child(ren)'s risk of contracting COVID-19.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending City facilities, activities and or programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I agree and represent that neither the undersigned nor the Program Participant will visit or utilize the City facilities, services and programs if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. I agree that I will notify the City immediately if I become aware of suspected or diagnosed COVID-19 or COVID-19 exposure in the Program Participant after having begun participation in the City program.

I understand that the City is taking certain steps to implement recommended guidance and protocols issued by public health agencies for slowing the transmission of COVID-19. I agree to comply with all City policies, instructions and signage and I understand and agree that the City may revise its procedures at any time based on updated recommended guidance and protocols related to COVID-19. I also acknowledge and agree that due to the nature of the City program, social distancing of six feet per person among program participants may not always be possible.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at City facilities, activities and/or programming ("Claims"). On my behalf, and on behalf of my Program Participant(s), I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

I also consent to the City sharing my personal contact information (name, address, phone number, and email address) with the Warren County Department of Health (or similar health or government agency) in the event contact testing/tracing is necessary to communicate information related to COVID-19 transmission or some related issue.

\_\_\_\_\_  
Name of Program Participant

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Program Participant

Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

(If Waiver is for Child(ren))

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date