## **Residents Amhurst Sports Field Rental and Reservation Agreement**

Staff member	Date	
Reservation approval requested by (Responsible Resident) – Please print!		
Residing at	(Vista Lakes Street Address)	
Email	Phone	
To use the AmhurstSport Field on	(date)	
fromam/pm(start time) toam/pm(end time)		
For the purpose of conducting/holding	, (type of event).	
Additional Information/organized team name		
Signature of Responsible Resident	Date	
Approved by Vista Lakes Community Director	Date	
Rental Fee \$100.00 Check or Money Order #  Damage/Cleaning Deposit \$100.00 Check or Money Order #  Deposit will be returned upon favorable inspection and acceptance of field Receipt of returned deposit  Deposit held by  Reason Deposit not refunded:	condition within 10 days after event.  Date  Date	
If granted, this Rental Agreement is issued with the understanding that the Party is a member in good standing of the Vista Lakes Community Association following conditions: 1. The Association, in consideration of the payment of the use fee as agrees to let the above named resident use the above-named Amhurst Sp, 201, from am/pm to 2. The above named resident shall pay to the Association a nonrefundation.	ation and is subject to the provided in this Rental Agreement, hereby ports Field on am/pm. for a maximum of two (2) hours.	
use of the above-named Amhurst Sports Field. Such payment shall be in to made payable to the Vista Lakes Community Association and due no less and at the time of the signing of this agreement.	the form of a cashier's check or money order	
3.At the time of the signing of this Agreement, the above-named residuanage/cleaning deposit of \$100.00, by cashier's check or money order in Association to be held and disbursed for damages to the Premises (if any) responsible for any and all damages that occur due to or during the use of be responsible for any damages in excess of the deposit. The damage/cle business days after final inspection and as long as there is no damage or	nade payable to the Vista Lakes Community ) as provided by law. The resident will be f the above-named Amhurst Sports Field and will eaning deposit will be returned within ten (10)	
4. The resident shall be responsible for obtaining \$400000 in liability in rating or greater according to AM Best guidelines, for their use of the above Field.		
5. The resident agrees to inform any and all guests of association rule	es known as exhibit "A".	
6.Functions shall begin no sooner than 15 minutes before reservation reservation time. Resident responsible for guest must be present at all times.		

and against any and all losses, claims, liabilities, and e	ees to indemnify, hold harmless, and defend the Association from expenses, including reasonable attorney fees, if any, which the nomeowner's possession, use or misuse of the Amhurst Sports	
flammable, or explosive character that might substantia	Amhurst Sports Field any article or thing of a dangerous, ally increase the danger of fire, or that might be considered as the prior written consent of the Association is obtained and president.	oof.
9.Resident shall promptly comply with all laws, or county, municipal and other authorities.	dinances, requirements and regulations of the federal, state,	
10. This Agreement shall be construed in accordan shall be in the courts of Orange County, Florida.	nce with the laws of the State of Florida. Venue for all legal action	ons
"Amhurst Park and Regulations" which are attached he	or her guests shall comply with the restrictions contained in the ereto as Exhibit "A." The restrictions contained in Amhurst Sport fithis agreement and shall have the same force and effect as if	ts
provisions shall continue to be valid and enforceable. I	o be invalid or unenforceable for any reason, the remaining f a court finds that any provision of this Lease is invalid or buld become valid and enforceable, then such provision shall be mited.	<b>;</b>
copy of the Amhurst Park Rules and Regulations know	ation until a signed, completed copy of this Agreement, a signed in as exhibit "A", proof of liability insurance, the damage/cleaning layment cashier's check or money order are received and younity Director.	ng
Resident	Address	
1 2	Signature	
3	_	
4 5	_ Date	
Resident	Address	
6		
7 8	Signature	
9.	_	
10	_ Date	
Resident	Address	
11	-	
12	Signature	
13 14		
15.		
Resident	Address	
16		
17	Signature	
18 19		