

CAROLINA SHORES PROPERTY OWNERS ASSOCIATION

17 Lakeview Court, Carolina Shores, NC 28467 Phone

910-579-2044 email: cspoa@carolinashores.net

PAVILION AREA RESERVATION AGREEMENT

DATE & TIME OF EVENT: _____

TYPE OF EVENT: _____

NUMBER OF ATTENDEES EXPECTED: _____

The individual making this reservation hereby assumes responsibility for ensuring that the rules for use of the Pavilion Area are followed by all people attending the scheduled event. By signing this rental agreement, I confirm that I have been informed of all CSPOA policies and procedures governing the use of the Pavilion Area. I also understand that the CSPOA is not responsible for any personal injury or property damage occurring to anyone participating in the above event, and the above named organization/individual does hereby forever discharge, release, and hold harmless the Carolina Shores Property Owners Association, its Board, Members and Staff from any possible liability or claims resulting from any personal injuries or property damage suffered by this individual/organization, its members, or other participants connected with the use of the CSPOA Pavilion Area for the scheduled event.

The above named organization/individual hereby assumes full responsibility for cleanup (including bathrooms) and removal of trash. If the facility is not left in the condition in which it was found (including restoring picnic tables to their original positions), the security deposit will be forfeited.

In addition, the above-named individual assumes responsibility for any damage caused to the Pavilion Area, bathrooms or to any CSPOA equipment used in the event and understands that if the cost for repairing damage to CSPOA property exceeds the amount of the security deposit the member making this reservation will be billed for all additional costs and unpaid bills may result in a lien being attached to the member's property. The CSPOA reserves the right to suspend all future use of its facilities by this individual/organization if misconduct occurs or procedures are not followed. My signature on this agreement confirms that I have received and reviewed the rules for use of the Pavilion area and will assume responsibility for ensuring that all guests follow the rules.

IN WITNESS WHEREOF the parties have executed this agreement the day and year above written. By:

Printed Name of CSPOA Member Responsible for this Reservation

Signature of CSPOA Member Responsible for this Reservation

Date

Address

Phone

CSPOA Representative Accepting The Reservation

Grills Requested: _____

Water Requested: _____

Rental Fee (\$50) Paid: \$ _____

Security Deposit (\$50) Paid: \$ _____