

FORM RESERVATION – BELL MOUNTAIN RANCH COMMUNITY PARK –
CONSOLIDATED BELL MOUNTAIN RANCH METROPOLITAN DISTRICT

Date of Event: _____ Bell Mountain Ranch Resident? YES / NO

Purpose / Name of Event: _____

Total Number of Expected Participants _____

Time of Event (Beginning to End, Including set up/break down): _____

Name, Address and Phone Number of Person Reserving Park _____

Contact Phone Number before, during and after event: _____

Structures or Equipment to be brought in for Event: _____

Will electricity be used? YES / NO Will there be BBQ grill or open flames? YES / NO

Will there be signage posted? Describe size, install and location: _____

What is the plan for collection and disposal of trash? _____

Do Not place event trash in Park's refuse container. (Otherwise, security deposit refund will be reduced.)

PARK FEE (\$500) received from Non-Resident? YES / NO Cash/ Check ? Check # _____

Park Fee received from (name of payee): _____

CBMRMD Director receiving Park Fee: _____ Date: ___/___/___

The undersigned acknowledges that no later than 12:00 p.m. on the day after the event, he /she is responsible to cause that portion of the Park used for the event to be restored to the condition it was in prior to the event. The party reserving the Park is responsible for any reasonable costs related to any damage to Park facilities, any missing Park facilities and/or the removal of any excess trash or debris from that portion of the Park utilized for the event.

The undersigned further agrees to indemnify and hold the District, the Bell Mountain Homeowners Association, and their respective officers, directors, employees and agents (collectively, the "Indemnified Parties") harmless from and against any claims, demands, damages, costs, expenses, losses, or injuries, including claims for property damage, personal injury or wrongful death, arising out of or in connection with any accident, physical injury or other casualty in or about the Park or other property of the District, including, in any case, attorneys' fees, whether at pretrial, trial or at the appellate level.

Signature of Person Reserving the Park: _____

Printed Name of Person Reserving the Park: _____ Date: ___/___/___

CBMRMD Director Signature: _____