

# APPLICATION FOR USE OF PRESERVE CENTER PROPERTY OWNER

The Preserve Association  
11221 Anderson Lakes Pkwy  
Eden Prairie, MN 55344

Phone: 952 941-8400/Fax: 952 941-4978  
Email: Cindy@PreserveAssociation.com

Date Submitted: \_\_\_\_\_

Applicant: \_\_\_\_\_

Street Address of Applicant  
\_\_\_\_\_

City/State/Zip Code  
\_\_\_\_\_

Home/Cell Phone of Applicant  
\_\_\_\_\_

Email Address of Applicant  
\_\_\_\_\_

Name of Person being Sponsored  
\_\_\_\_\_

Phone Number & Email of Person being Sponsored  
\_\_\_\_\_

Purpose of use of facility  
\_\_\_\_\_

Total Estimated Number of Guests :  
Youth (under 12) \_\_\_\_\_ Teens: (13-18) \_\_\_\_\_ Adults \_\_\_\_\_

Chaperones(s) for Youth Party \_\_\_\_\_

## User Contract

I, the undersigned, hereby acknowledge and agree, either personally as the above named applicant or sponsor, as follows:

1. Participants shall not be allowed in the facility until a designated Supervisor(s) of the activity has arrived.
2. It is acknowledged and agreed that responsibility for observance of the rules and regulations for Preserve Center and grounds is a condition to the issuance of this application.

## Release and Indemnity Agreement

I agree to indemnify and hold The Preserve Association, it's officers, agents and employees harmless from and against all liabilities, claims, damages, losses, costs and expenses (including reasonable attorneys fees and court expenses) for all injuries or death of any person or damage to any property occurring during my occupation or use of the premises, or any guest's occupation or use of the premises, or any additional third party's use or occupation of the premises while said premises are under my control or my guest's control. My indemnity to The Preserve Association applies whether or not the injuries, death, or other damage resulted from the negligence of The Preserve Association.

\_\_\_\_\_  
SIGNATURE OF APPLICANT(MUST BE PRESENT AT EVENT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PERSON BEING SPONSORED

\_\_\_\_\_  
DATE

Rental Date \_\_\_\_\_

Upstairs Party Room \_\_\_\_\_

Downstairs Meeting Room \_\_\_\_\_

### Office Use Only

Hours of Rental \_\_\_\_\_

Facility Charge: \_\_\_\_\_

Additional Charges:  
\_\_\_\_\_

\$50 Deposit:

Date Rec'd: \_\_\_\_\_

Check No: \_\_\_\_\_

Cash \_\_\_ CC \_\_\_\_\_

\$400 Damage Deposit:

Date Rec'd: \_\_\_\_\_

Check No: \_\_\_\_\_

Cash \_\_\_ CC \_\_\_\_\_