St. Tammany Parish

Facilities Management
P. O. Box 628
Covington, LA 70434
Phone: (985) 898-2792
Fax: (985) 898-3073

Pat Brister
Parish President

TERMS & CONDITIONS FOR RENTING THE

ST. TAMMANY PARISH MILITARY ROAD COMPLEX

61134 N. Military Rd., Slidell, LA 70461

— The cost of renting the facility is $200.00 per day with a deposit fee of $150.00.

— In order to secure a date, we must receive the deposit fee, Terms & Condition Form, and Hold Harmless/Consent Agreement signed within 14 days from the date your reservation is made. If your reservation date is within 14 days we must receive your deposit, rental fee, and all signed forms immediately. The rental fee is due 14 days before your reserved date. ***Make checks payable to St. Tammany Parish Government and send to 61134 N. Military Rd., Slidell, LA 70461.***

— If there is a cancellation, your deposit fee will not be returned unless another renter is found for that date.

— If you have rented the building on a weekend, the key must be picked up from Debra Aaron (898-2792) at the main office at 21411Koop Dr., Mandeville. The key must be returned to Debra Aaron the following Monday (unless there is prior approval) or **you will forfeit your deposit fee**.

— Maximum occupancy level is **299**.

— There is to be **no** smoking inside of the facility.

— No **underage** drinking allowed.

— Kitchen area **does not** have any working appliances.

— The following should be completed prior to leaving the building in order for your deposit to be returned:

All trash receptacles emptied and placed in the outside dumpster
All decorations removed from the building
Bathroom & kitchen areas cleaned
Sweep & mop floors

If the building fails to meet inspection, your deposit fee will be forfeited.

— Your deposit fee will be returned to you within 14 days of the rental date if the building has passed inspection and the key has been returned in the allowed time.

I AGREE TO ALL OF THE TERMS AND CONDITIONS STATED ABOVE:

_____	_____	_____
Name (Please Print)	Rental Date	Phone Number
_____	_____, _____	_____
Address	City	State Zip Code
_____	_____	
Signature	Date	

Office use only

Date Deposit received:_____ Check/Money Order #:_____ Deposit Date:_____

Date Rental Fee received:_____ Check/Money Order #: _____ Deposit Date:_____

Building Meets Inspection: Yes / No Refund Requested Date:_____

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Hold Harmless / Consent Agreement

I, _____, DO HEREBY AGREE IN WRITING TO HOLD THE ST. TAMMANY PARISH GOVERNMENT, ITS ELECTED OR APPOINTED OFFICIALS, THEIR AGENTS, SERVANTS AND EMPLOYEES, FREE AND HARMLESS FROM ANY LIABILITY WHICH COULD ARISE AS A RESULT OF THE CONDUCT OR ACTIONS OF THOSE IN ATTENDANCE FOR THE _____ TO BE HELD ON_____, 2011 AND UTILIZATION OF THE **ST. TAMMANY PARISH MILITARY ROAD COMPLEX** ON SAID DATE; EXCEPT FOR THE ACTIONABLE NEGLIGENCE OF SAID PARISH OFFICIALS, AGENTS, SERVANTS AND EMPLOYEES THEMSELVES.

THIS HOLD HARMLESS IS BEING SUPPLIED IN CONNECTION WITH USE OF THE **ST. TAMMANY PARISH MILITARY ROAD COMPLEX** FOR THE PURPOSE OF _____ ON _____, 2011.

THE UNDERSIGNED FURTHER AGREES THAT THE PREMISES TO BE USED SHALL BE RETURNED TO THE SAME CONDITION AS EVIDENT PRIOR TO THE USE STATED HEREIN.

_____ _____

SIGNATURE DATE

Levee Board Building Inspection Checklist

Rental Date:_____ Renters Name:_____

Inspection Date:_____ Inspected By:_____

To be completed by Renter

- ❑ All trash receptacles emptied and placed in the outside dumpster
- ❑ Bathroom areas cleaned
- ❑ Kitchen area cleaned
- ❑ All floors cleaned
- ❑ All decorations removed

To be completed by Cleveland

- ❑ Restock tissue paper
- ❑ Restock towel dispenser
- ❑ Restock soap dispenser
- ❑ Empty trash receptacles and wipe if needed
- ❑ Clean restroom with disinfectant
- ❑ Check for any damages – walls, ceilings, floors, doors, & etc…
- ❑ Check AC/Heater
- ❑ Count chairs (qty should be 100)
- ❑ Count tables (qty should be 11)
- ❑ Turn off lights and lock all doors

- ❑ Key returned

Comments: _____

_____

_____

_____