Form: 2027

SAWTOOTH VALLEY PIONEER PARK USE AGREEMENT
A City of Stanley Park

Picnic Pavillion

City of Stanley
P.O. Box 53 Stanley, ID 83278
208-774-2286 | cityclerk@cityofstanleyid.gov

Print Name(s): _____

Mailing Address: _____

_____

Email: _____ **Telephone:** _____

USER MUST READ AND INITIAL BY EACH NUMBER BELOW

The undersigned person(s) or organization, hereinafter User, agree that in consideration for the use of the Sawtooth Valley Pioneer Park, they will abide by the following:

A. User shall use the Park on the following date(s): _____

   for the purpose of: _____

B. User agrees that the Park activities must end no later than 10:00 PM. No overnight camping or parking is allowed.
C. User agrees to pay to the City of Stanley the Security Deposit and rental fees upon reservation of the park. Please write separate checks for security deposit and rental or you can pay online (fees apply).

Location	Cost per day	# of days	Location Cost	+ Security Deposit	Total Amount
Picnic Pavillion	$350			$350	
				Total Amount Due:	

__ **1.** User understands that User is responsible for completely cleaning that portion of the Park that User uses and that the Security Deposit is refundable only after inspection and approval by the City of Stanley.

__ **2.** The Park facilities are subject to inspection. All garbage is to be cleaned up and removed from the Park. Any additional cleaning required by the City will be deducted from the Security Deposit, or if more, User will be billed.

__ **3.** User understands that User is solely liable for any and all damages to the Sawtooth Valley Pioneer Park, or its contents, arising from User's use.

__ **4.** Should User's activity include the dispensing of any alcoholic beverages, User is required to obtain at User's sole expense, any and all necessary permits or licenses. **Glass bottles and containers are prohibited**.

__ **5.** Security Deposit return policy:

- 100% of deposit will be returned if canceled 90 days in advance of the event.
- The City of Stanley shall not be liable for cancellations due to inclement weather.

__ **6.** The User acknowledges that the park is under video surveillance.

__ **7.** Motor vehicles of any kind are prohibited from being on grass areas.

__ **8.** Any person or organization using the facility known as the Sawtooth Valley Pioneer Park, does so at his/her own risk and no liability, duty, obligation and/or responsibility shall be imposed upon the City of Stanley, County of Custer, State of Idaho, the Stanley City Council, and any consignor or any of their agents for any accident, injury, mishap, theft, damages and/or harm regardless of the source of imposition

___**9.** The Picnic Pavillion may only be used on the dates it is reserved, early set up or late cleanup is not allowed and will result in further charges.

___**10.** No attaching or decorating park structures; no moving, relocating, or modification of park property or structures.

___**11.** User may use available public restrooms. The User will not have exclusive use of the restrooms and will share them with the public.

___**12.** User is responsible for removing all of their trash and garbage.

____**13.** The User agrees that a maximum of 15 people are allowed at an event at the Pavillion and that if there are more than 15 people the User will lose the deposit.

___**14.** There are no electric outlets at the Pavillion. There is no potable drinking water at the Pavillion or Park.

___**15.** If the event has any vendors (paid photographers, officiants, caterers, tents, etc.) at the event, the vendors must apply for a temporary vendor permit and collect and remit Local Option Tax (2.5%) to the City.

____**16.** Music is allowed but must comply with the City Code. Violation of the Code may result in fines and a loss of the security deposit.

AGREED this _____ day of _____, year 20_____.

_____
User signature

(Please return this completed form to the City of Stanley at the above address or email.)

For Office Use Only **Approved ___**

_____ _____ _____
Signature Title Date

Date received_____ Check/Cash _____ Full/Partial _____

Balance Due_____

Security Deposit Refunded Y/N

Date Refunded_____ Check #_____ Amount_____ **FORM 2027**