



BVSA Employee: \_\_\_\_\_

## BVSA SPECIAL USE REQUEST AND AGREEMENT

Requested Date(s) of Use: \_\_\_\_\_ Time of Use: \_\_\_\_\_

### Amenity/Location Requested

**BVSA Recreation Amenities:**

- Whiting Center  
  Green Room  
  Game Room  
  Cub Lake  
  Four Island Lake  
 Tennis Pavilion  
  Horseshoe Area  
  Camp Ground  
  Pool  
  Whiting Center Play Ground

**BVSA Equestrian Amenities:**

- Equestrian Center Lounge  
  Equestrian Arenas

**BVSA Food and Beverage Amenities:**

- Oak Tree Country Club Reception Room  
  Oak Tree Country Club Garden Room  
 Mulligan Room Patio  
  The Oaks Restaurant  
  Oak Branch Saloon

**Other BVSA Amenities:** \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Contact/Person Responsible: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Member:  Yes  No Member Tract/Lot: \_\_\_\_\_

If No, Sponsoring Member Name: \_\_\_\_\_ Tract/Lot: \_\_\_\_\_

Will Member be Present During Use:  Yes  No

Recognized Club:  Yes  No Name of Club: \_\_\_\_\_

Commercial User:  Yes  No

Does use require closing or partially closing the facility to other users:  Yes  No

Expected Attendance: \_\_\_\_\_ Number of Members: \_\_\_\_\_

Required Fees:

Rental:  Yes  No Amount: \$ \_\_\_\_\_

Clean / Repair Deposit:  Yes  No Amount: \$ \_\_\_\_\_

Commercial Fee:  Yes  No Amount: \$ \_\_\_\_\_

Fee for Unusual Hours:  Yes  No Amount: \$ \_\_\_\_\_

Will Food and Beverage be served at this Event  Yes  No

Catered by BVSA Food and Beverage Department  Yes  No

If no, please explain: \_\_\_\_\_

Will Alcoholic Beverages be Served at this Event  Yes  No

Served by BVSA Food and Beverage Department  Yes  No

If no, please explain: \_\_\_\_\_

BVSA Employee: \_\_\_\_\_

THIS DOCUMENT CONTAINS TERMS OF USE AND I/WE UNDERSTAND AND WILL ABIDE BY THE TERMS. I/WE ALSO UNDERSTAND THAT ANY ADVERTISING, NEWS ITEMS OR INVITATIONS TO THE PUBLIC WILL INCLUDE A STATEMENT THAT DESCRIBES THE PROCEDURE FOR OBTAINING A ROAD USE OR AMENITY GUEST PASS REQUIRED FOR THE PUBLIC.

Initial: \_\_\_\_\_

**INSURANCE:** Bodily injury and property damage insurance is required  Yes  No  
(must be provided to BVSA five working days prior to use of facility)

Insurance Carrier: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Insurance Carrier Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Limits: \$ \_\_\_\_\_ Insurer/Certificate Number: \_\_\_\_\_

In consideration of being allowed to make a special use of the above-described facility or common area, the Special User named above (and each guest, member and participant) agree that the use of the facility or common area is at their own risk, that they are voluntarily using the facility or common area, and that they assume all risk of injury, damage and loss to persons or property resulting from or in any way connected with such use, and further agree to release and discharge the Association and its employees, agents and representatives from any and all claims or causes of action arising out of or related to the Special Use. The Special User agrees to hold harmless, indemnify, and release the Association, its employees, agents and representatives from any and all liability for damage and/or injury to any person or property resulting from or related in any way to the Special Use.

This document contains the terms of use and I/We understand and will abide by the terms. I/We also understand that any advertising, news items or invitations to the public will include a statement that describes the procedure for obtaining a Road Use Pass or Amenity Guest Pass required for the public.

For All Commercial Users:

By signing this document, Special User acknowledges that the Association reserves the right to inspect/audit the books and records to verify gross revenue and the amount of the fee to be paid. [Section 1802 (c) (1) & (2)].

Contact/Person Responsible:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Tract/Lot No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied Amenity Manager \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied General Manager \_\_\_\_\_ Date: \_\_\_\_\_

Board President or Designee \_\_\_\_\_ Date: \_\_\_\_\_