

**BARDSTOWN PARKS & RECREATION DEPARTMENT**

**DONNA N. PASCHAL, DIRECTOR**

**116 NORTH FIFTH STREET  
BARDSTOWN, KY 40004**

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**Office Telephone 502-348-9281  
Pool Telephone 502-348-6472  
Fax 502-348-2433**

**Rental Agreement**

**(Gym Rental/\$40/hour; Reservation park pavilions/\$75; Baseball Field/\$25 per use)**

This Hold Harmless and Indemnification agreement is made this day of \_\_\_\_\_,

20\_\_, between \* \_\_\_\_\_ and the Bardstown/Nelson County Parks  
(Lessee)

& Recreation Department and the City of Bardstown dealing specifically with the rental  
of the \* \_\_\_\_\_ on the property of the City of Bardstown.

\* \_\_\_\_\_ agrees to indemnify and save harmless  
(Lessee)

The City of Bardstown and the Bardstown/Nelson County Parks and Recreation  
Department from and against any and all claims, suits, actions, damages and/or causes of  
action arising, during the term of this lease, for any personal injury, loss of life and/or  
damages to the property sustained in or about the demise premises, or the appurtenances  
thereto, and from and against all cost, expenses and liability incurred in and about any  
such claim, the investigation thereof or the defense of any action or proceeding brought  
thereon, and from and against any orders and/or judgements that may be entered therein.

\* \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_  
PRINT NAME OF LESSEE PHONE NO. ADDRESS OF LESSEE

\* \_\_\_\_\_ \* \_\_\_\_\_  
SIGNATURE OF LESSEE

\* \_\_\_\_\_  
DATE SIGNED

OFFICE USE ONLY: Amount of rent: \$ _____ check # _____ cash _____ Received by: _____ Date & time of rental: _____ Certificate of Insurance: _____
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