

To Reserve the SCCA Pavilion, Ballfield, Pool or other Common Areas:

You must be a SCCA Member for any reservation, and a pool member for pool reservations.

1. Check the Calendar on the Community Website (secretcove.org) to see which dates are available.
2. If the facility is available, you will need to complete the following reservation form and provide a \$75 deposit check made out to SCCA.
 - a. **If third-party vendors will be at your event, obtain their proof of liability insurance and a signed waiver naming SCCA as insured, agreeing to hold SCCA harmless.**
 - b. **Vendors include bounce houses, waterslides, food trucks or any other outside business that will operate on SCCA property. Provide a copy of this proof of insurance prior to your event.**
3. Please contact Christina Fennell at ChristinaFennell@yahoo.com and/or Text her at 904-483-7607. Christina will collect forms, checks and update the shared calendar with the reservation. (Feel free to text Christina that you have sent the form and she can update the calendar.)

Important Rules for Pavilion, Ballfield and Pool:

1. The reservation does not create an “exclusive use” of the facility for your party.
2. You are responsible for leaving the facility as you found it, including restrooms, trash cans, picnic tables, lounge chairs, grills and the grounds. Return all items and furniture to the location you found them.
3. Remove your trash after your event and bring it to your home for pickup.
4. You are responsible for any damage caused by you, your vendors and your guests.
5. SCCA does not accept any liability for you, your vendors or your guests. Prior to the event, your vendor must provide proof that they carry liability insurance, as described above.
6. Deposit will be returned barring all items in (B, C) are completed and there are no damages as referred to in (D).
7. 50 People Limit for Pavilion Events.

ADDITIONAL SPECIFIC POOL Party Rules:

1. Complete both forms, the RESERVATION and the POOL EVENT LIABILITY WAIVER.
2. The sponsoring member **MUST** be present throughout the event.
3. Pool Parties are limited to 20 people. (This leaves room for other swimmers, up to the pool's legal limit of 39 total swimmers.)
4. A **certified lifeguard** must be provided for the first 15 people, and a second lifeguard if there are more than 15.
5. See the SCCA Rules and Regulations for the **full set** of pool rules.

Secret Cove Civic Association
PAVILION or BALLFIELD Use Reservation Form

Date Request Made _____

I request the use of the **PAVILION or BALLFIELD** for a private function

DATE of EVENT: _____

TIME: From _____ A.M. / P. M. until _____ A.M. / P.M.

1. I understand that this is not an exclusive use, and that other members of the Secret Cove Civic Association may use the facilities if they so desire.
2. I also understand that I am responsible for leaving the area in as clean a condition as I found it. This includes the restrooms, trash cans, picnic tables and grills. I WILL REMOVE MY TRASH.
3. I am solely responsible for any / all damages caused by my guests or by myself.
4. I further understand and agree to assume full responsibility for any personal injury and / or personal property damage to myself and/or my guests as a result of the use of the above- named facilities. Also, I agree to hold harmless and indemnify the Secret Cove Civic Association, Inc. from all liability and lawsuits that may arise from the use of the facilities, by me, any vendors or my guests.

Outside Vendor Name, Service Provided, Liability Insurance Company, Insured Amount:

Attach a copy of the Certificate of Insurance showing Secret Cove Civic Association, Inc, P.O. Box 550706, Jacksonville, 32255 as the Certificate Holder.

Sincerely,

Signature

Printed Name of Dues-Paid Member

Address

Telephone

**Secret Cove Civic Association
POOL Event Reservation Form**

Date Request Made _____

I request the use of the **POOL** for a private function

DATE of EVENT: _____

TIME: From _____ A.M. / P. M. until _____ A.M. / P.M.

1. I understand that this is not an exclusive use, and that other members of the Secret Cove Civic Association may use the facilities if they so desire.
2. I also understand that I am responsible for leaving the area in as clean a condition as I found it. This includes the restrooms, trash cans, picnic tables and the grills. I **WILL REMOVE MY TRASH.**
3. I am solely responsible for any / all damages caused by my guests or by myself.
4. I **WILL NOT** prop the pool gate open, since this creates a safety hazard.
5. I further understand and agree to assume full responsibility for any personal injury and / or personal property damage to myself and/or my guests as a result of the use of the above- named facilities. Also, I agree to hold harmless and indemnify the Secret Cove Civic Association, Inc. from all liability and lawsuits that may arise from the use of the facilities, by me, any vendors or my guests.

Outside Vendor Name, Service Provided, Liability Insurance Company, Insured Amount:

Attach a copy of the Certificate of Insurance showing Secret Cove Civic Association, Inc, P.O. Box 550706, Jacksonville, 32255 as the Certificate Holder.

I HAVE ALSO SIGNED THE ATTACHED "POOL EVENT LIABILITY WAIVER" FORM.

Sincerely,

Signature

Printed Name of Dues-Paid Member

Address

Telephone

**Secret Cove Civic Association
Pool Event Liability Waiver**

Printed Name

5-Digit Pool Key Number

Date

1. I, the undersigned have received a copy of the Secret Cove Civic Association's Pool Regulations (provided in the neighborhood directory.) My family and I have read and understand these rules and regulations and agree to fully abide by them.
2. I understand that I am solely responsible for the safety of myself and any member of my family, and any guest of my family, or myself while we are using the swimming pool or facilities of Secret Cove Civic Association.
3. I hereby release the Secret Cove Civic Association from any liability for death, personal injury, or property while using or occupying the swimming pool or other facilities owned and operated by the Secret Cove Civic Association. I hereby release and waive any subrogation rights. I further understand that this release will remain in effect as long as I use the Secret Cove Civic Association facilities.
4. I have provided the SCCA with a copy of the Certificate of Insurance for any outside vendors I use during this event. See the attached reservation form and COI.

Signature

For myself and the _____ family.
Please Print

Address

Telephone

For the safety of all pool members and guests, SCCA employs security cameras at the Park House Entrance and in the Pool Deck area.