



LAKE CHARLES HOA, INC.

Lake Charles Homeowners Association
550 SW Lake Charles Circle
Port St. Lucie, FL 34986
Ph: 772-336-5966 Fax: 772-343-0592

**BEACH CLUB RENTAL APPLICATION
TERMS AND CONDITIONS**

(Homeowner's Name - Print Clearly)

Daytime Phone / Cell Phone

(Address)

The Homeowner has agreed to accept responsibility for the use of the Beach Club under the following terms and conditions for the period of:

_____ FROM _____ TO _____
(Date) (Time- AM/PM) (Time - AM/PM)

For the purpose of:

The Homeowner agrees to pay a **\$200.00** non-refundable fee for the use of the Beach Club, plus a refundable security deposit of **\$500.00** at the time of scheduling. Checks are to be made payable to "Lake Charles HOA".

The person signing this agreement accepts the responsibility of leaving the Beach Club as stated under the owner signed Acceptance Form (attached) at the completion of the event. Within 24 hours of the completion of the event, an inspection will be done. Once the Beach Club is found to meet the conditions of the Acceptance Form, the deposit will be refunded.

In the event said area is found to be unacceptable, as stated under the terms of the Acceptance Form, the Lake Charles Association has the right to use said deposit to pay for the services rendered to restore the Beach Club to the originally accepted state. This includes but is not limited to: missing items, broken items, and cleanliness. Any remaining balance of the deposit will be refunded. All charges, which exceed the deposited amount, will be the sole responsibility of the homeowner and payable upon request and proof of service.

PLEASE NOTE:

**REGARDING DECORATIONS ... Nothing is to be attached to walls, windows, or fans.
Existing furnishings (furniture, pictures, curtains, etc.) are not to be removed.**

I hereby agree to the above terms and conditions.

(Signature)

(Date)

WAIVER AND INDEMNIFICATION AGREEMENT

The undersigned, _____, a member of Lake Charles Association, Inc. in consideration for the permission to use the clubhouse owned by the Association for a private event, does hereby agree to release, indemnify and hold harmless Lake Charles Association, Inc., its members, directors, officers, and other agents, from any claim by myself, my heirs, assigns, guests, agents and invitees for any injury or damages occurring or related to the exclusive use of the clubhouse for the private event occurring on or about _____.

The undersigned agrees that he/she will take all reasonable efforts to ensure that the persons attending the private event will comply with all laws and regulations of the State of Florida, St. Lucie County and Lake Charles Association. **Without limiting the foregoing, the undersigned agrees that all efforts will be made to ensure that there is no consumption of alcoholic beverages by underage persons, or excessive consumption of alcoholic beverages by any person at the event.**

Dated this _____ Day of _____, Year _____

(Signature)

(Printed Name)

STATE OF FLORIDA
COUNTY OF ST. LUCIE

The foregoing instrument was acknowledged before me on _____, Year _____, by _____ as a resident of Lake Charles Association, Inc. who is personally known to me, **or** who has produced identification (Type of identification: _____).

Notary Seal

Notary Public
Printed Name: _____
Commission Expires: _____

LAKE CHARLES HOA, INC.

BEACH CLUB ACCEPTANCE FORM & CHECK LIST

Homeowner is responsible to leave the area neat and clean at the conclusion of the event. The following is a checklist of what will be inspected in order to provide homeowner with a full refund of the security deposit.

BEACH CLUB:

- Floors
- Couches
- Chairs
- Tables
- Lighting

KITCHEN:

- Counters
- Microwave
- Sink
- Floors
- Cupboards

RESTROOMS:

- Toilets
- Sinks
- Floors
- Walls

MISCELLANEOUS:

- Trash Emptied
 - Four (4) Chairs at Each Table
 - No debris left in area of Beach Club, Pool, or other Recreational Facilities
 - Pool Chairs and Tables to be returned to original location
-

I have inspected the above and find it to be:

- Clean and in acceptable condition. *Full refund recommended.*

Unacceptable for the following reasons: _____

Amount to be withheld: _____

Date of Event: _____

(Signature of Inspector)

(Date of Inspection)