

**THREE RIVERS COMMUNITY DEVELOPMENT DISTRICT
ALCOHOL REQUEST FORM**

Name of Applicant: _____ Date: _____
Street Address: _____
Daytime Phone: _____
Room Requested: _____ Date / Time Requested: _____

I agree to indemnify and hold harmless the Three Rivers Community Development District (the "District"), the Lifestyle Director, and their Supervisors, officers, directors, consultants and staff from any and all liability, claims, actions, suits, or demands by any person, corporation or other entity, for injuries, death, property damage or damages of any nature, arising out of, or in connection with, the service, consumption or other use of alcohol at the Amenity Facilities. Nothing herein shall constitute or be construed as a waiver of the District's sovereign immunity granted pursuant to Section 768.28, Florida Statutes.

I have read, understand and agree to abide by all policies and rules of the District governing the Amenity Facilities, including, but not limited to, the Alcohol Policies set forth in the District's Amenity Policies and Rates ("Alcohol Policy"). I acknowledge that failure to adhere to the District's policies and rules may result in the suspension or termination of my privileges to use the Amenity Facilities. I also understand that I am financially responsible for any damages caused by me, my family members, and/or my guests. I further agree to obtain Event Liability insurance coverage in full compliance with the Alcohol Policy, naming the Three Rivers Community Development District and its Board, staff and consultants as additional insured parties.

Signature of Applicant

Date

I have read and understand the following:

Patron's Initials/ (Staff Initial upon completion)

1. _____/_____ Patron must provide a **certified bartender** to dispense alcohol and provide proof of his or her credentials no later than three (3) days before the event.
2. _____/_____ Patron must provide Event Liability insurance coverage for **Personal Injury** in the amount of **One Million Dollars (\$1,000,000)** if event is approved to serve alcoholic beverages. The District its Board, staff and consultants are to be named on the policy as additional insured parties.

Received by: _____ Staff Initial: _____

Signature of Lifestyle Director: _____ Date: _____