

**Date and time of event \_\_\_\_\_**  
**South Carolina Department of Parks, Recreation and Tourism Office of State Parks**  
**Lease Agreement**  
**Table Rock State Park Lodge**

In consideration of the mutual agreement herein contained, the Parks Office of SCPRT will authorize the lessee to use the Table Rock Lodge for the time period:

**10:00am** until \_\_\_\_\_ on \_\_\_\_\_.

Building must be **cleaned and ready** for inspection by \_\_\_\_ pm.

- The lessee is authorized to use the downstairs area only of the Table Rock Lodge. Entrances are located at the outside side doors
- The lessee is authorized to use both the upstairs and downstairs of the Table Rock Lodge.

The premises will be used in a safe manner with the lessee complying with all the rules, regulations and written and stated policies of this park and the Parks Office of SCPRT.

Lessee assumes the liability for all damages to park property caused by himself or his agents or participants, whether accidental or willful, or the result of carelessness or negligence.

The lessor reserves the right to have full access to said area at any time and the right to immediately terminate the use of this facility upon a determination of the violation of any lease conditions or regulations. The lessee, his agents or participant will immediately vacate the park property peaceably. The lessor's right to access and receive payment for damages is not forfeited by this clause.

This facility is available for lease regardless of the lessee's creed, color, sex or national origin. The lessee, as a condition of the rental, cannot refuse admission to or participation in any activity or event otherwise open to the general public.

The lessee will also provide a major credit card which may be charged a cleaning fee and for any incidentals or damages that may occur during the rental period to the Table Rock Lodge or its surrounding area. Charges for late check-out will also be applied to the card.

I have read and agree with the cleaning and cancellation policies for the facility.

Fee paid \$ \_\_\_\_\_

This agreement accepted \_\_\_\_\_, \_\_\_\_\_.

For Lessee

\_\_\_\_\_

\_\_\_\_\_

Representative (Print)

(Sign)

Organization

\_\_\_\_\_  
SCPRT Representative