

# RENTAL APPLICATION

## COMMUNITY CENTER, PARKS, FIELDS

### User Information

Contact Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Alternate Contact Cell #: \_\_\_\_\_

**\*ALL CONTACTS MUST BE PRESENT DURING THE RENTAL**

### Event Information

Event Date: \_\_\_\_\_ Application Date: \_\_\_\_\_

HOURS: \*Start Time: \_\_\_\_\_ \* End Time: \_\_\_\_\_

**\*MUST INCLUDE SET-UP & CLEAN-UP TIME**

Type of Activity: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

\_\_\_\_ Round Tables (seats 6-8)    \_\_\_\_ Rectangular Tables (Food/Drinks/Gifts)    \_\_\_\_ Picnic (Seats 6-8)

\_\_\_\_ Chairs (Adult/Kids)

Miscellaneous Equipment: \_\_\_\_\_

### Special Use Request

Special Use Request: Yes \_\_\_\_ No \_\_\_\_

If yes, please specify: \_\_\_\_\_

C.O.I. Required: \_\_\_\_\_

C.O.I. Obtained Date: \_\_\_\_\_

Dram Shop Required: \_\_\_\_\_

Dram Shop Received Date: \_\_\_\_\_

**Special Use Request**—Special Use Requests must be approved by the Wauconda Park District. These may include, but are not limited to, DJ's, Food Truck, Catering Company, Inflatables, Alcohol, and Third Party Vendors.

**Insurance Requirements for Special Use Requests**—Wauconda Park District may require the renter to provide a Certificate of Insurance verifying \$1,000,000 minimum general liability insurance and \$2,000,000 aggregate insurance. The Wauconda Park District must be named on the Certificate of Insurance as the Certificate Holder and list the Wauconda Park District as Additionally Insured. The Certificate of Insurance must include the name of the event as well as the date, time, and location of event. This must be turned into the Park District no later than 2 weeks prior to the event.

**Alcohol**—Please submit a written request for use of alcohol with your completed rental form. The Board of Commissioners must approve your request. Ample time must be given to approve this request. Four weeks from the date of the rental is the deadline for submitting your letter. If this request is approved, dram shop insurance is required and the Wauconda Park District will be named as Additionally Insured. You may purchase this through the Park District for a cost of \$200.00. **This is for beer and wine only.**

**General Indemnification**—The renter agrees that it will pay for all damages to any property of the District resulting directly or indirectly from the conduct of any member, officer, employee, agent or guest of the organization, or any of its invitees. The renter also agrees that it will hold harmless and indemnify the District from and against any and all liability which may be imposed upon it for any injury to persons or property caused by the renter or any other person in connection with the renter's use of the facility named in this agreement.

Businesses and Organizations agree and understand that neither the group nor its officials, officers, members, employees or volunteers (collectively "Group") are entitled to any benefits or protections afforded employees or volunteers of the District and are not bound by any obligations as employees of the District. Groups will not be covered under provisions of the unemployment compensation insurance of the District or the worker's compensation insurance of the District and that any injury or property damage arising out of any Group activity is not protected as an employee or as a person acting as an agent or employee under the provisions of the general liability insurance of the District and therefore, the Group will be solely responsible for its own actions. The District will not defend the group in matters of liability. The Facility Manager will interpret the language of the Facility and Park/Field Rental and Usage Policy established by the District. An appeal of the Facility Manager's decision may be made to the Director of Recreation and must be submitted in writing with justification within ten (10) business days from the decision. The Director of Recreation will make a final decision within five (5) business days of the submitted appeal. Any other further action would need to be submitted to the District Board of Commissioners by the next eligible Board Meeting.

*Core Values: Teamwork . Integrity . Commitment . Service*

**Fees – Check All That Apply**

Community Center (Indoor)		R/NR Rate	Capacity	Set-up/Take-down Fee	
<input type="checkbox"/>	Multi - Purpose Room A	\$30/\$45 Per hour	32 max.	<input type="checkbox"/>	\$25(up to 50 People)/ \$50 (over 50 People)
<input type="checkbox"/>	Multi – Purpose Room B	\$30/\$45 Per hour	32 max.	<input type="checkbox"/>	\$25(up to 50 People)/ \$50 (over 50 People)
<input type="checkbox"/>	Multi – Purpose Room C	\$30/\$45 Per hour	32 max.	<input type="checkbox"/>	\$25(up to 50 People)/ \$50 (over 50 People)
<input type="checkbox"/>	Multi – Purpose Boardroom	\$30/\$45 Per hour	32 max.	<input type="checkbox"/>	\$25(up to 50 People)/ \$50 (over 50 People)
<input type="checkbox"/>	Kitchen (Off Room A/Boardroom Only)	\$15/\$25 Per hour	N/A	N/A	
<input type="checkbox"/>	Gymnasium (Athletic Rentals ONLY)	\$40/\$65 Per hour	100	<input type="checkbox"/>	Depends on activity
Park & Amenities ( Outdoor)		R/NR Fee: Up to 25 People	R/NR Fee: 26-50 People	R/NR Fee: 51-75 People	R/NR Fee: 76 or More People
Cook Park – Gazebo (Four hour Block) - \$10 each additional hour		<input type="checkbox"/> \$30/\$40			
Cook Park – Pavilion / Tent (Four Hour Block) - \$10 each additional hour		<input type="checkbox"/> \$45/\$65	<input type="checkbox"/> \$70/\$100	<input type="checkbox"/> \$95/\$115	<input type="checkbox"/> \$120/140
Phil's Beach – Gazebo (Two Hour Block: 11a-1p; 1:30-3:30p; 4-6p)		<input type="checkbox"/> \$35/\$45			
Cook Park - \$55/Hr/Area	<input type="checkbox"/> Soccer Field	<input type="checkbox"/> Baseball/Softball Field	<input type="checkbox"/> Football/Lacrosse Field	<input type="checkbox"/> Sand Volleyball Court	
Fieldbrook Park - \$55/Hr/Area	<input type="checkbox"/> Soccer Field	<input type="checkbox"/> Baseball/Softball Field			
Sedgebrook Park - \$55/Hr/Area	<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Basketball Court			
Osage Park - \$55/Hr/Area	<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Pickleball Court	<input type="checkbox"/> Futsal Court		

**Fees:** Room / Park / Field Charge: \$ \_\_\_\_\_  
 Additional Charges: \$ \_\_\_\_\_  
 Additional Charges: \$ \_\_\_\_\_

**TOTAL :** \$ \_\_\_\_\_

**OFFICE USE ONLY**

Permit Number: \_\_\_\_\_  
 Security Deposit: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Returned: \_\_\_\_\_  
 Room Fees Paid: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Room Set-Up Received: \_\_\_\_\_ Contacted After Approved: \_\_\_\_\_ Rules & Regulations : \_\_\_\_\_

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## WAIVER

The Wauconda Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Wauconda Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Wauconda Park District to guarantee absolute safety.

### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS OF RISK

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of all injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all exercises including aerobic activities, the use of weights, number of repetitions, and use of all machinery, equipment and apparatus designed for exercising shall be at my or my minor child/ward's sole risk. Notwithstanding any consolation or instruction on exercise programs, methods and types of equipment shall be my or my minor child/ward's entire responsibility, and the Park District, including its officials, employees, agents and volunteers shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.

I further agree to waive and relinquish all claims I or my minor child/ward may have, or which may accrue to me and/or my minor child/ward as a result of participation in this program/activity.

I do hereby fully release and forever discharge the Wauconda Park District from all claims for injuries, damages, or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for an have the same legal effect as an original form signature.

**By signing this form, I acknowledge that I have read the waiver and release of all claims and the assumption of risk and agree to its terms.**

PRINT Participant Name \_\_\_\_\_ Participant signature \_\_\_\_\_

Date \_\_\_\_\_