



Wood Dale Park District Recreation Complex Rental Application

Occasion: _____ Today's Date _____

Rental Contact: _____ Phone # (____) _____

(THIS PERSON MUST BE PRESENT AT RENTAL)

Address of Renter: _____ City _____ Zip _____

Date Requested: _____ Day: _____ Time: _____ to _____ AM PM

E-mail _____ Date of Birth ____/____/____

Room(s) Requested: _____

Activity and/or purpose for request: _____

Will you be serving food? (Circle One) YES NO

Est. Attendance: _____

**See next side for a list
of options and fees**

RENTAL GUIDELINES

- A refundable deposit is required at the time of rental application submission
- Full payment is due seven (7) days prior to rental date
- Cancellation must be made within 48 hours of the date of the rental. If not made within 48 hours, deposit may be forfeited.
- All Recreation Complex rules must be observed (please see attached), or immediate dismissal and loss of privileges will occur.
- No alcohol is permitted anywhere inside the facility or on Wood Dale Park District premises.

HOLD HARMLESS AGREEMENT

I/We _____, agree to hold harmless the Wood Dale Park District, the Board of Commissions, it's members and employees; and defend at our/my own expense all claims for damage to property, equipment and persons, including medical expenses for injuries incurred and arising incidental to the use of the Recreation Complex. It being further understood and agreed that the Wood Dale Park District assumes no obligation or responsibility in connection with the use of the facility. I/We further agree to assume all cost of damage to the building and or/contents during the period of our authorized use of the facilities and as a result of such use of the building and/or contents.

Date

Signature of person responsible for Rental

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OR RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be assuming the risk and legal liability to waive and release all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

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 any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Wood Dale Park District, including its officials, agents, volunteers and employees.

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

Signing Agent (must be over 21 years of age) _____ Date _____

OFFICE USE

<u>Rooms</u>	<u>Price</u>	<u>Off Hours</u>
½ Gym	\$50.00/hr	\$65.00/hr
Full Gym	\$70.00/hr	\$80.00/hr
Regular Meeting Room	\$30.00/hr	\$45.00/hr
Dance Room	\$30.00/hr	\$45.00/hr
Program Room A/B	\$40.00/hr	\$55.00/hr
Senior Room w/Kitchen	\$50.00/hr	\$65.00/hr
Teen Center	\$50.00/hr	\$65.00/hr
Teen Center and Senior Room w/Kitchen	\$70.00/hr	\$80.00/hr

<u>Birthday Party Packages</u>	<u>Price</u>	<u>Hours</u>	<u>Guest</u>	<u>Location</u>
Di Bella Dance	\$250	Two	10 Kids	Dance Studio
Sports Party	\$250	Two	30 kids	Half Gym/Kitchen
Additional hours	\$30	One		

DEPOSIT FOR ABOVE \$50.00

Additional Fees:

Score board \$15 Per Day

Volleyball nets \$15 Per day

If the gym is used in combination with senior room or teen center, only a \$75.00 deposit is needed.

Wood Dale Park District: _____ Approved _____ Denied Reason for denial: _____

Deposit Received: _____ YES _____ NO Certificate of Insurance (if required) _____ YES _____ NO

Total Cos of Rental: _____ Amt. paid: _____ Balance due 7 days prior to rental: _____

Deposits: Required to hold date(s) requested. Provided facility and equipment remains in the same condition and that the hours requested are held to, deposit will be refunded after the rental has taken place. A refund will be mailed to the address listed on the Rental form.

A certificate of insurance, with the Park District listed as additional insured, may be required for some rentals.

*****Please complete Facility Usage/Set-up form to assist with your rental**



WOOD DALE PARK DISTRICT'S FACILITY USAGE / SET-UP FORM

Today's Date _____ Submitted by _____

Room Set-up Request should be submitted 2 weeks in advance to ensure you get the room you requested.

Program Name _____ Room _____

Dates(s) _____ Time(s) _____

Day(s) of the week: Su M T W Th F Sa

Additional Set-up/Breakdown Time Required? Yes No If Yes, please indicate how much time is needed _____

Number of people _____ Number of chairs _____ Number of tables _____ 6ft OR 8ft

Additional Needed Equipment: _____

Please diagram your requested room set-up below, including table positions and any needed equipment.

"Senior / Teen Room" - First Floor, east end of the building (for 2nd floor rooms, turn this page over)

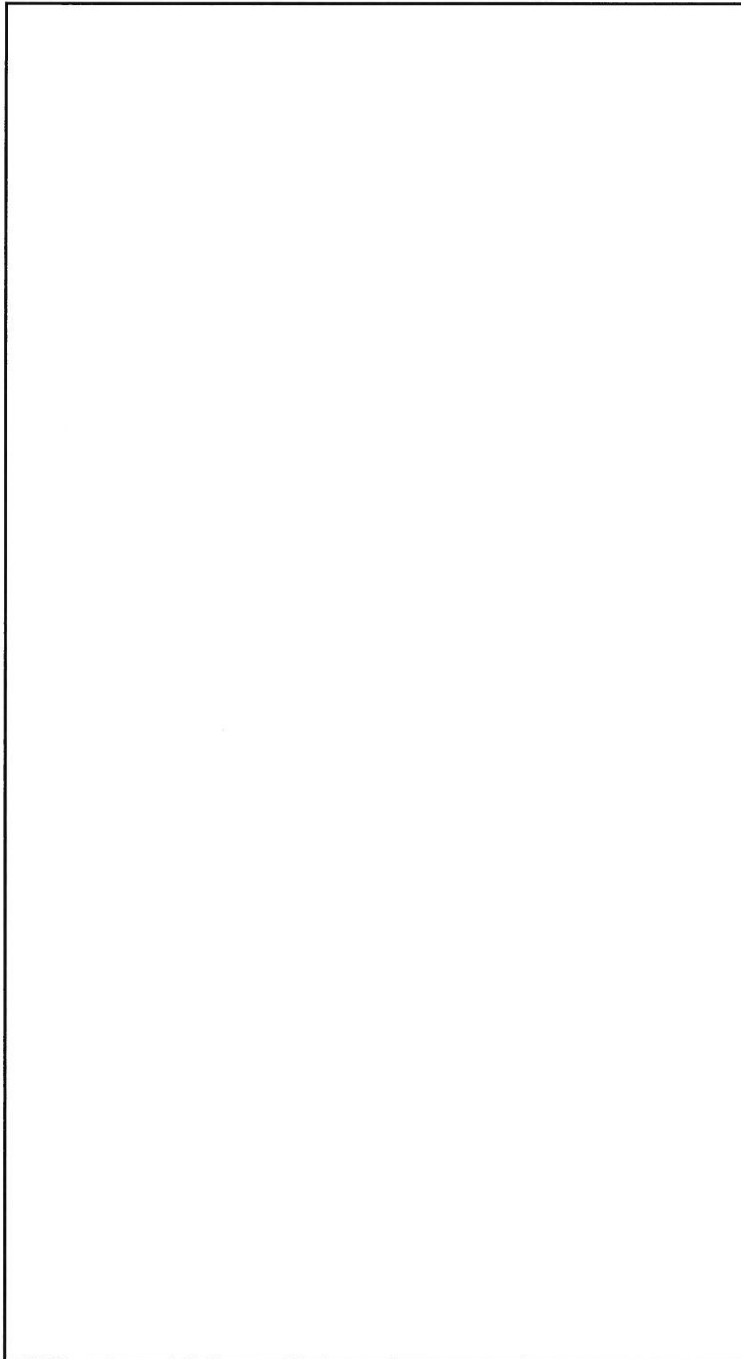


Office Use Only: Date Reserved _____ Copy given to Head Custodian _____

Second Floor Recreation Complex

Name of Room _____

Please diagram your requested room set-up below,
including table positions and any needed equipment.

A large, empty rectangular box with a thin black border, intended for the user to draw a diagram of their requested room set-up, including table positions and any needed equipment.