

MT. VERNON ILLINOIS Aquatic Zoo Private Rental Form

Creativity Redefined!

Events must be paid for in full at the time of reservation.
No reservations will be made without full payment.

Host or Organization Name

Contact Name

Address

Email Address

**Contact Phone
Number**

Date of Event

Type of Event

Number of Guests

End of Event Time (ALL rentals start at 6:30 p.m.)

7:30 p.m.

8:30 p.m.

9:30 p.m.

Facility (Renting one portion of the facility does NOT guarantee exclusivity to entire facility.)

Splash Pad (\$100.00/hour)

Lap Pool and Diving Boards (\$150.00/hour)

Leisure Pool, Slides and Lazy River (\$225.00/hour)

Entire Facility (\$475.00/hour)

Cancellation Policy

Aquatic Zoo Rental fees are due at the time of reserving the facility. NO reservations will be made without full payment. Event cancellations made two weeks or more prior to the event will be refunded 100% less expenses incurred by the Mt. Vernon Parks and Recreation Department. NO refunds will be granted for cancellations made less than two weeks prior to the scheduled event.

Severe Weather Cancellation

In the event that severe weather should occur during the private rental times, and does not pass within an appropriate amount of time, then the Aquatic Zoo Management staff will determine if the private rental will be cancelled and close the facility for safety reasons. The renter will have the option of reserving another date at no extra cost. If another date is not available then a severe weather refund will be issued at 100% less expenses incurred by the Mt. Vernon Parks and Recreation Department.

I recognize and accept any and all risk of injury to person and/or property that shall exist as a result of participating in any activity offered by Mt. Vernon Parks and Recreation Department. I do hereby agree to indemnify, waive, release, hold harmless and discharge Mt. Vernon Parks and Recreation Department employees, agents, sponsors and any individual or entity operating on behalf of Mt. Vernon Parks and Recreation Department for any bodily injury, claims, damages or expenses that may sustain as a result of participation in any athletic activity offered by Mt. Vernon Parks and Recreation Department. In the event a child should require immediate medical attention for any injuries or illness, I hereby give consent and authorize trained Mt. Vernon Parks and Recreation Department personnel to administer the appropriate first-aid and/or medical treatment. I also authorize Mt. Vernon Parks and Recreation Department and/or its agents and/or employees to call for ambulance service to the nearest medical facility for treatment if deemed necessary.

I, the undersigned, have received, read and fully understand and agree to the details and rules listed above. By signing this I agree to inform all my guests participating with my reservation of all items mentioned on this form.

Host Signature *

Date

For Office Use Only

Date Received: _____ Staff: _____

Total Fees Due: _____

Fees Paid: _____ Staff: _____ Date: _____ Balance Due: _____