



# Aquatic Zoo Private Rental Application

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

Host or Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Number of Guests \_\_\_\_\_ Date of Event: \_\_\_\_\_

End of Event Time: *(All rentals start at 6:30 PM)*

- 7:30 PM    8:30 PM    9:30 PM

Facility: *(Renting one portion of the facility does not guarantee exclusivity to the entire facility)*

- Splash Pad (\$100.00/hour)    Lap Pool & Diving Boards (\$150.00/hour)  
 Leisure Pool, Slides & Lazy River (\$225.00/hour)    Entire Facility (\$475.00/hour)

**Cancellation Policy:** Aquatic Zoo Rental fees are due at the time of reservation. NO reservations will be made without full payment. Event cancellations made two weeks or more before 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 before the scheduled event.

**Severe Weather Cancellation:** If severe weather occurs during the private rental times and does not pass within an appropriate amount of time, the Aquatic Zoo Management staff will determine whether 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: \_\_\_\_\_