

the Oasis

Private Rental Application

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____

E-Mail Address: _____

Rental Availability: Fridays after 6:00pm (Mango Bay only)
 Saturdays and Sundays after 6:00pm

Your Date Choices:

1st: _____

2nd: _____

Requested time:

_____ (anytime between 6-10pm)

Do you intend to have food? Yes No

If yes, explain. _____

RENTAL RATES PER HOUR:

Please circle the facility you wish to rent and indicate how many people will be present.

Number of Guests:	0-100	101-200
	R/NR	R/NR
Entire Facility (includes all slides)	\$360/\$400	\$410/\$450
Mango Bay (does not include slides)	\$100/\$140	\$120/\$160
'Cuda Cove (does not include slides)	\$135/\$175	\$155/\$195
Adventure Island	\$70/\$90	\$80/\$100

Add On Options:

Water Slides (in Mango Bay)	\$50/\$70	\$50/\$70
Drop Slide/Climbing Wall (in 'Cuda Cove)	\$50/\$70	\$50/\$70
Adventure Island	\$40/\$60	\$40/\$60

Passholders receive a 10% discount on private rentals and parties.



170 S. Circle Avenue Bloomington, IL 60108

www.bloomingtonparks.org Phone: (630) 339-3568

Rental Policies

A \$100 down payment is due to secure a reservation. Once you have been contacted and a date has been approved, final payment of the party is due at least one week prior to the scheduled date.

- Rentals must be scheduled a minimum of two weeks in advance.
- **A two-week notice must be given to reschedule or cancel. If cancellation is not given two weeks in advance, the \$100 down payment will be forfeited.**
- Rentals may be cancelled due to inclement weather at the discretion of the Oasis Manager.
 - If the Oasis closes due to inclement weather, the rental will be rescheduled at no additional charge; time permitting.
- Alcohol is prohibited.
- If you intend to bring outside food, prior approval made by the Aquatic Supervisor is required.

Information/Warning of Risk/Waiver and Release

My guests and I agree to abide by all rules and regulations set by the Bloomington Park District, written or unwritten. I assume responsibility for any damage to Bloomington Park District property during our use of The Oasis.

Information:

The Bloomington 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 Bloomington Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in the following 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, disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk:

Swimming is a sport which challenges and engages the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to drowning, head/brain injury, and cervical spine injury. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool, poor supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one’s head on the bottom when using a diving block, slipping or falling on the deck or within the locker facility, chemical exposure and all other circumstances inherent to the sport of swimming. In this regard, it must be recognized that it is impossible for the Bloomingdale Park District to guarantee absolute safety.

Waiver and Release of All Claims and Assumptions of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing 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, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. 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 the Bloomingdale Park District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Bloomingdale Park District from any and 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 important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, your online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant’s Name: _____ Date: _____

Participant’s Signature: _____

(18 years of age or older or Parent/Guardian)

Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver.

OFFICE USE ONLY:

Manager Approval: _____ Date: _____

Rental Date: _____

Rental Being Time: _____

Rental End Time: _____

Payment:

Total \$ _____

Visa/MasterCard/Discover Cash Check

Down Payment \$ _____

Total Balance \$ _____

Receipt # _____ Initials _____ Date _____