City of Antioch

Antioch Water Park Rental Application
4701 Lone Tree Way • 925-776-3070

Pool & Room Rentals

Antioch Water Park
4701 Lone Tree Way, Antioch CA 94531

Pick One:
**Alcohol not allowed for pool rentals*

- ☐ PARK BUYOUT
- ☐ BUYOUT + Lap Pool
- ☐ BUYOUT + Multi-use Room
- ☐ BUYOUT + Lap Pool & the Multi-Use Room Hall *120*

OR pick from the following:
Check all that Apply

- ☐ Tad Pool
- ☐ Boulder Pool
- ☐ Prewett Peak Slides
- ☐ Sport Pool
- ☐ Lap Pool
- ☐ Multi-Use Room Hall *120*

Date(s) Requested

Day of Week: Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐

Mo/Day/Year	Start/Set-up Time	Function Start Time	Clean-up Time	End Time

Estimated Attendance:

Note: ***No early arrival and no storage before or after rental.***

Number of children expected: _____ ***(included in the total estimated attendance)***

Type of Function

- ☐ Youth Birthday
- ☐ Fundraiser
- ☐ School function
- ☐ Adult Birthday
- ☐ Wedding/Reception
- ☐ Other: _____

Rental Details

Will this event be open to the public? **Yes** ☐ **No** ☐

Will an admission fee be charged? **Yes** ☐ **No** ☐

If yes, amount and purpose of the fee? _____

Will there be decorations? **Yes** ☐ **No** ☐

Will food be served? **Yes** ☐ **No** ☐

Will alcohol be served? *(Not Available with Pool Rentals)* **Yes** ☐ **No** ☐

If yes, an alcohol permit is required *(beer & wine only / four hours max.).*

Event Insurance - Required for all rentals **Buy** ☐ *(price varies depending on rental)* **Provide** ☐

Insurance is on file with the City of Antioch Recreation Department ☐ ***Expiration Date:*** _____

Applicant Information

Note: ***The Renter must be the main point of contact for the event, sign all documents required for the event, and be in attendance for the duration of the event.***

Applicant's First Name	Applicant's Last Name	Applicant's Date of Birth	
Address	City	State	Zip Code
Phone 1	Phone 2	Email Address	
Emergency Contact Name	Emergency Contacts Relationship to Applicant	Emergency Contact Phone Number	

Organization Information (if applicable)

☐ **Non-Profit** ☐ **501(c)(3) Documentation Attached**

Organization Name	Organization Email Address	Organization Website	
Address	City	State	Zip Code
Phone 1	Phone 2	Fax	

I understand that the date requested above is not booked until a contract is signed and deposit paid. The charges are estimates only and will be finalized at the contract signing meeting. All agreements must be in writing, no verbal approvals or agreements.

Signature: _____ Date: _____

THIS IS A WAIVER AND RELEASE. READ IT CAREFULLY BEFORE YOU SIGN IT. My signature certifies that I have read the conditions as set forth by the City of Antioch Recreation Department governing the use of the items specified above; that I will take full responsibility for seeing that the use of these facilities/area by the organization/group I represent is in full adherence and compliance with these conditions; that I will hold the City harmless from any damage, claim for damage for personal injury or death, damage to or loss of property incurred in the use of these facilities/area; that if there are any minors in the group using these facilities/area, I will accept full responsibility for them throughout the period covered by this Department Applicant Permit. I HAVE READ THIS RELEASE AND I UNDERSTAND AND ASSUME THE RISKS INVOLVED. BY SIGNING, I GIVE UP MY RIGHT TO SUE.

Signature: _____ Date: _____