



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: <i>*Alcohol not allowed for pool rentals</i> <input type="checkbox"/> PARK BUYOUT <input type="checkbox"/> BUYOUT + Lap Pool <input type="checkbox"/> BUYOUT + Multi-use Room <input type="checkbox"/> BUYOUT + Lap Pool & the Multi-Use Room Hall 120 OR pick from the following: <i>Check all that Apply</i> <input type="checkbox"/> Tad Pool <input type="checkbox"/> Boulder Pool <input type="checkbox"/> Prewett Peak Slides <input type="checkbox"/> Sport Pool <input type="checkbox"/> Lap Pool <input type="checkbox"/> Multi-Use Room Hall 120	Date(s) Requested Day of Week: Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> 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 <input type="checkbox"/> Youth Birthday <input type="checkbox"/> Fundraiser <input type="checkbox"/> School function <input type="checkbox"/> Adult Birthday <input type="checkbox"/> Wedding/Reception <input type="checkbox"/> Other: _____
	Rental Details Will this event be open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/> Will an admission fee be charged? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, amount and purpose of the fee? _____</i> Will there be decorations? Yes <input type="checkbox"/> No <input type="checkbox"/> Will food be served? Yes <input type="checkbox"/> No <input type="checkbox"/> Will alcohol be served? (Not Available with Pool Rentals) Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, an alcohol permit is required (beer & wine only / four hours max.).</i> Event Insurance - Required for all rentals Buy <input type="checkbox"/> (price varies depending on rental) Provide <input type="checkbox"/> Insurance is on file with the City of Antioch Recreation Department <input type="checkbox"/> <i>Expiration Date:</i> _____

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) <input type="checkbox"/> Non-Profit <input type="checkbox"/> 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: _____