

RECREATION CENTER FACILITY RENTAL APPLICATION



Event Date: _____
Event Title: _____
Name of Applicant: _____
Organization (if applicable): _____
Rented For (if applicable): _____
Relationship to Applicant: _____
of Guests: _____

Do you hold an IVGID Resident Photo ID

YES NO

Mailing Address: _____
City: _____
State & Zip: _____
Phone Number: _____
Email: _____

Facilities:

Time Requested:

Gymnasium & Pool (Hourly fee 1-4 hours, Daily fee +4 hours)

Whole Gym Whole Pool / 1/2 Gym (North/South) 1/2 Pool
(Daily \$495, \$395 w/IVGID Pass) (Daily \$195, \$150 w/IVGID Pass)
(Hourly \$100, \$75 w/IVGID Pass) (Hourly \$55, \$40 w/IVGID Pass)

Start Time: _____ End Time: _____

(*\$250 refundable damage deposit required **Reservation deposit 25% of booking fee)

Lobby – General Use (50 guests max, \$50 refundable damage deposit required, \$50 extra charge if serving alcohol)
(Hourly \$35, \$25 w/IVGID Pass)

Group Fitness Room (For professional use only, 20 guests max, \$50 refundable damage deposit required)
(Hourly \$70, \$55 w/IVGID Pass)

Lobby – Birthday Party (3 hours total, \$4 per person for additional use of pool or gym for non-rec center members age 6 and older)
(Fee \$100, \$75 w/IVGID Pass)
(*50 guests max, \$50 refundable damage deposit required, \$50 extra charge if serving alcohol)

Facility Use Fee (\$4 per person for additional use of pool or gym for non-rec center members age 6 and older)

Bounce House – Gym
(Hourly \$75)
(*50 guests max, \$50 refundable damage deposit required)

Will alcohol be served? _____

Liquor License #: _____

Will alcohol be sold? _____

Non-Profit #: _____ PLEASE ATTACH A COPY OF FEDERAL OR STATE NON-PROFIT STATUS VERIFICATION

Insurance Carrier: _____ Policy #: _____ Amount: _____

I have read and understand the statements on the reverse of this form and agree to all conditions of this contract and indicate so by my signature below.

Applicant Signature

Parcel #

Barcode #

Date

OFFICE USE ONLY

Billing Status: Regular Exempt Non-Profit Commercial Charitable

Booked By: _____ Date: _____ Contract #: _____

Entered in Rec User Calendar Emailed Supervisor/Staff

Payment Type: Check Cash CC / CC# _____ Amount Received: _____ Deposit: _____

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I/We hereby assume all responsibility for any physical damage to premises or liability incurred as a result of this function. It is understood that the Incline Village General Improvement District reserves the right to impose any requirements felt necessary after review of this application. Should IVGID believe that there is a potential danger to persons or property, or violation of local, state, and/or federal laws, or IVGID rules and regulations based on activities at a given function, then IVGID reserves the right to terminate the function immediately or while it is in progress. All fees must be paid for facility use up to the time of termination.

I/We understand that the person signing this contract will be on-site during the entire event. Should the person signing this contract not be on-site, IVGID shall assume that fraudulent use of Recreation Privileges has occurred. False or misleading information to attain resident rates at IVGID facilities will be grounds for voiding all recreation privileges issued against the parcel. IVGID reserves the right to pursue any other legal action.

IVGID does not insure to the benefit of any parties utilizing the district facilities be it public liability or damage to the property. Further, although IVGID does not normally require insurance, it does reserves the right to require insurance for specific events. When insurance is not required, renters should understand that they're exposing themselves and/or their organization to significant risks by sponsoring event, and that those risks are significantly higher if alcohol is served. When insurance is required or provided, renters should ensure that coverage includes IVGID "additional insured" and that a "certificate of insurance" that arrives at the IVGID Administration Department not less than 30 days prior to be event.

Initials Proof of insurance at minimum \$500,000 with the Incline Village General Improvement District named as additionally insured is required for any inflatable, including but not limited to bounce houses and slides. Insurance certification must be provided with application.

Initials A security deposit is required for many facility reservations. No fees will be refunded if the sheriff's department is called to the event.

The charges for facility rental will be paid at the time of booking. To be eligible for any Incline Village "Resident" rental rates, the applicant must hold and provide staff with a valid IVGID Resident Photo ID, and be current in all recreation fees and assessments.

Initials Should an event be canceled by the applicant more than 30 days prior to the schedule date, all user fees paid will be refunded. Should an applicant cancel the scheduled event within 30 days of the scheduled date, the applicant will forfeit 50% of the user fees.

Initials Confirmation indicates the requested facility is available on the date requested. Confirmation does not guarantee facility availability, in the event that circumstances beyond IVGID's reasonable control prevent the facility's availability (i.e. weather, vandalism, and/or other factors).

It is further understood that should rates change after this application is submitted, but before the date applied for, prevailing rates at the time of the event will be applicable.

Initials I/We understand the facility and the grounds around the facility will be left clear of all debris and personal belongings.

PLEASE SIGNIFY YOUR UNDERSTANDING AND ACCEPTANCE OF THE ABOVE POLICIES BY SIGNING THE FRONT PORTION OF THIS FORM & INITIALING THE ABOVE STATEMENTS. THIS APPLICATION WILL NOT BE CONSIDERED OR APPROVED WITHOUT YOUR SIGNATURE.

**Incline Village Parks & Recreation Department
980 Incline Way. Incline Village, NV 89451 / Ph 775.832.1310 / Fx 775.832.1380
www.yourtahoeplace.com**