

Date entered: _____
Staff Initials: _____



**City of West Sacramento
Recreation Center**



Competition Pool/Gymnasium Rental Guidelines

Thank you for your interest in the West Sacramento Recreation Center. It is our intent to provide an exciting, fun, and safe environment for your next party/rental. We are committed to making your event a pleasurable and positive experience for everyone including Recreation Center Patrons. We are here to assist you with the planning and able to provide important information necessary to facilitate a great experience. We ask that you follow these guidelines;

1. Rental requests will be **TENTATIVELY** scheduled on the calendar.
2. Rental Deposits **MUST** be paid upon accepting approval of the agreement; failure to comply will result in the removal of your rental request from the calendar. (You may pay for your deposit either at the Recreation Center, Community Center or online)
3. Rental fees **MUST** be paid within two (2) weeks of rental date; failure to pay the fees within this time frame will result in cancellation of rental. Prior to your deposit refund, a **25% administration fee** will be deducted from your rental deposit.
4. The primary user will provide a list of participants attending.
5. The primary user will have all participants sign either a liability roster or individual liability forms.
6. Rosters/Liability forms will be submitted prior to participants being escorted back to the rooms. This will be reviewed by the Supervisor prior to entering.
7. The primary user will meet, greet and escort the group back to the Competition Pool and Gymnasium.
8. Primary user is responsible for their group.

City of West Sacramento

Parks & Recreation

Rental Application

Recreation Center

2801 Jefferson Blvd.

(916) 617-4770

11/6/19 3:30-5:00pm

11/7/19 3:30-5:00pm

11/8/19 3:00-4:30pm

Day/Date of Event:

Wed 11/6/19, Th 11/7/19, Fr 11/8/19

Time of Event (include set-up and clean-up)

From:

To:

(Note: All events must end by 8 p.m. during weekdays and weekends by 7 p.m. the rental must include scheduled time for set-up and clean-up.)

How many total people will be attending this event?

75

Type of Event:

Water Polo playoff games

Primary Contact Person:

Name:

JEFF LORENSEN

Address:

315 W 14th Street

City:

DAVIS

Zip:

95616

Phone:

(530) 757-5400

Cell:

(916) 529-3978

Email:

jlorenson@djusa.net

Secondary Contact Person: (This person will be contacted if the primary contact person is unavailable)

Name:

TRACY STAPLETON

Address:

315 W 14th Street

City:

DAVIS

Zip:

95616

Phone: ()

Cell: (530)

400-2167

Facility Requested:

☒

WSRC Comp Pool (Full)

☐ WSRC Aux Gym (Full)☐

WSRC Comp Pool (By Lane)

☐

WSRC Aux Gym (Half)

Please describe in detail, what activities will occur at this event.

Wed 11/6/19 - Davis Boys Water Polo playoffs
 Thurs 11/7/19 - Davis Girls Water Polo playoffs
 Fri 11/8/19 - Davis Boys Water Polo playoffs

- Non-resident rate will be applied if non-residents are participating.
- Non-Profits must show proof of current 501C3 status in West Sacramento.
- A \$250 deposit is required upon accepting of the approved agreement.
- Gate admission is not permitted.

• Will you be selling anything at this event? (raffle tickets, drinks): Yes No


If yes, what will you be selling: _____

(Must have supervisor Approval)

• Requirements that will be necessary for this event: \$1,000,000.00 Insurance certificate for Comprehensive General or Comprehensive Personal Liability; also required an Additional Insured Endorsement naming: "The City of West Sacramento its officers, officials, employees and volunteers as additional insured." Also include facility name and date of event

I, (print name) Bruce E. Colby, certify that by affixing my signature hereto that I am an authorized representative of Dan's Joint Unified, I am over eighteen (18) years of age; and that [on behalf of said organization] I have read and understand the City of West Sacramento recreation facilities' policies, rule and regulations, and above terms and additional conditions, if any, and that I [said organization] shall abide by them; I am fully aware that responsibility for the safety and well-being of all persons who participate or observe in said [organization's] activities is ours; and, I agree that the City of West Sacramento, its City Council, Officers, Agents, and Employees are released, indemnified, and held harmless from any and all claims, causes or action, losses, costs, expenses, damages, or other liabilities for personal injury or death or property by any person or person connected with said activities that may be sustained, caused by or alleged to have been caused by or arising out of the use of the above facility [by said organization.] I further agree that I/said organization will leave said facility in same or better condition in which it is presented to myself/said organization. If the facility is not cleaned or damage occurs, the deposit will be used to restore the facility to the condition in which it was presented to myself/said organization. If damage exceeds the deposit amount, I/said organization will be billed for the remainder.

Responsible Person: Bruce E Colby

Signature:  Date: 10/30/19
Address: 526 B Street Davis, CA 95616
Phone: 530-757-5300 x122 Title: Chief Business officer

City of West Sacramento Parks and Recreation Action: Signature below indicates approval of application and authorization of permit.

Signature: _____ Date: _____
Phone: _____ Title: _____

Copy of permit to applicant: Y N Date: _____

For office use only

Facility: Recreation Center

Total Amount Due: _____

Deposit Amount Received: _____

Deposit Receipt #: _____

Date Liability Insurance Submitted: _____ (As required by City)

Special Event Permit Approval Date: _____

Total Amount Paid: _____ Date Received: _____

Receipt #: _____ Received by: _____

Paid by: Check _____ Cash _____ Credit Card _____ Other _____

Credit Card Approval Code: _____

Refunded Deposit

Amount use and for what purpose: _____

Amount processed to be returned to renter: _____

Date Processed to be paid: _____