



This agreement is not finalized until signed by applicant & Rookery authorized staff member.

EVENT & CONTACT INFORMATION

Event Title _____ Event Purpose _____

Day/Date of Event _____ Start Time _____ am pm End Time: _____ am pm
 **All set-up/clean-up should be included within rental time

Recurring Request : _____

Contact Name (Please Print) _____ Phone _____

Email _____

Sponsoring Business/Organization/Member's Name _____

Address _____

Non-Profit: Yes No Tax Exempt: Yes No

Sponsoring Business/Organization/Member (Please check appropriate descriptor box)

Rookery Activity Center Member Resident Non-Resident

EVENT DETAILS/NEEDS

Area(s) Requested: (Please check all requested)

Meeting Room/Birch Room Fitness Studio Splash Pool w/slide
 Multipurpose Room/Cattail Room Lap Pool – Lanes 1,2, 3, 4, 5, 6 (circle Splash pool (Shared use)
 Gymnasium ½ Court all that apply)
 Gymnasium Full Court

Event Details: _____

Estimated Attendance: _____

Will food/beverage be served? Yes No

Chairs # _____ Tables # _____ Preferred Arrangement? _____

Sports Equipment: (what equipment needed) _____

Audio Visual Equipment
 Wirelessly connect computer and project on 48-inch TV in Birch Room or Screen and Projector for Cattail Room

Stereo for Music available in Cattail Room only

Other _____

Birthday Party Set-up: Bounce House Gym Activities

RENTAL/RESERVATION AGREEMENT

1. Full payment is due to reserve the space.
2. Cancellation must be made no later than 3 days prior to event or refund is void. A processing fee applies to all rental cancellations.
3. Additional expenses may apply for equipment use.

PAYMENT

Rental Rate: \$ _____ Credit Card: Date Charged: _____
 Additional Rates: \$ _____ Cash
 Total Amount Due: \$ _____ Check (payable to City of Lino Lakes)

AUTHORIZATION

(I understand & agree to comply with The Rookery Activity Center policies & procedures)

Signature of Applicant _____ Phone _____ E-mail _____

Office Use Only

Request approved? _____ Day/Date/Time: _____ Space/Room: _____
 Date application received: _____ Date full payment received: _____ Amount received: \$ _____

Rental/Activity Waiver

Although Center facilities, equipment, services and programs are designed to provide a safe level of beneficial exercise and enjoyment, their use naturally involves the risk of injury to you, your spouse, children, guests, or other members, whether you or someone else causes it. The risks include, but are not limited to: 1) injuries arising from my use of any exercise equipment, classes or machines, 2) injuries arising from my participation in supervised or unsupervised activities and programs in, on, and around the swimming pools, water slide, gymnasium, and any other areas of the Center, 3) injuries or medical disorders resulting from exercising at the Center including, but not limited to, heart attacks, strokes, heat stress, sprains, broken bones and torn muscles or ligaments, and 4) accidental injuries within the facilities, including, but not limited to, the locker rooms, saunas, showers and dressing rooms. You agree that if you engage in any physical exercise or activity or use of any Center facility on the premises, including, but without limitation, personal, bodily or mental injury, economic loss or any damage, including theft, to you, your spouse, children, guest or anyone else using the facilities, and any loss or theft of any personal property.

You agree on behalf of yourself and your children (and all your personal representatives, successors, and assigns) to release and discharge Center and any of its affiliates, employees, agents, representatives, successors, and assigns and The Rookery Activity Center, City of Lino Lakes, and its employees and officials from any and all claims or causes of action (known and unknown) arising out of the negligence, whether active or passive, of Center or its affiliates, employees, agents, representatives, successors, and assigns. This waiver and release of liability includes, without limitation, injuries which may occur as a result of your use of Center equipment or facilities, improper maintenance, negligent instruction or supervision, and you slipping and falling while in any portion of the premises for any reason, including negligent inspection or maintenance. If there is any claim by anyone based on any injury, loss, or damage described here, which involves you, your spouse, your guest, or children you agree to indemnify and hold harmless Center from any loss, liability, damage, or cost Center may incur due to your presence at the Center facility. You further expressly agree that the foregoing release, inclusive as permitted by law in the State of Minnesota, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability and express assumption of risk and indemnity agreement. You are aware and agree that by executing this waiver and release, you are giving up your right to bring legal action or assert a claim against the center and City of Lino Lakes for its negligence or for any defective product on its premises. You have read and voluntarily signed the waiver and release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Print Name: _____ Signature: _____ Date: _____