ALGONQUIN PRIVATE POOL PARTY/RENTAL APPLICATION

You and your friends (up to 400) will have complete access to the swimming pool, splashpad, and locker room during closed hours for your party. We staff the facility with Lifeguards and a Manager to supervise your swimmers. <u>Mail or Drop Off</u>
<u>Application to: Recreation Department * 2200 Harnish Drive, Algonquin, IL 60102</u>

Fees for Pass Holders:

Saturdays: 9:00-11:00a Saturday & Sunday: 6:30-8:30pm 1-50 Guests - \$225 51- 100 - \$275 101 + - \$350

*Unavailable Dates: 6/1, 6/2, 6/22, 6/23, 8/24, 8/25, 8/31, 9/1

Fees for Non Pass Holders:

Saturdays: 9:00-11:00a Saturday & Sunday: 6:30-8:30pm 1-50 Guests - \$375 51-100 - \$425 101 + - \$500

Date of Party: 1st Choice: 2nd	Choice:	3rd Choice:	
Time/Day of Party:Saturday (9:00-11:00a))Saturda	y (6:30-8:30p)	Sunday (6:30-8:30p)
Contact Person:		# of Patrons:	
Contact Person Address/City/Zip:		Confirmed Pool ☐ Yes	l Pass Holder □No
Telephone:	Email:		
Type of Party:			
Are you interested in bringing in outside food for the or cupcakes) that will be brought for approval:		_	•
*Please note that no refrigerator or freezer will be available for u	ise for the event		
 O The person(s) and/or group reserving the pool is/are responsational caused during specified reservation time. O Any and all garbage/debris is removed by applicant at the copump house. O Cancellations made less than 48 hours in advance will be applied to the company of the content of the content	onclusion of thei	ir event. Dumpsters	are located behind the
Pool Party Base Fee (Based on number of guests)		\$	
have read and understand the Village of Algonquin's Refund Politicase of MEDICAL EMERGENCY, I authorize Village of Algonquin personnel to take such a rethat in enrolling and participating in any program/course/activity, you will be expuries, damages, or loss which you or your minor child/ward might sustain as a result of orgram/course/activity. Eccognize and acknowledge that there are certain risks of physical injury associated with participating at many or losses, regardless of severity, that I or my minor child/ward may sustain as all be at my or my minor child/ward's sole risk. I further agree to waive and relinquish all claim out of participation in this program/course/activity. I do hereby fully release and forever dischanor child/ward may have or which may occur to me or my minor child/ward and arising out on y understand the important information listed above, warning of risk, assumption of risk and we wideo imaging of the activity(s) that I (or my minor child) am participating in for future use as	emergency action as many action as many assuming the rich of participating in any are result of such participating in this program, a result of such participas I or my minor child/varge the Village of Algor of, connected with, or in vaiver, and release of all of a result of the rich of the ric	ay be deemed necessary. Plesk and legal liability and wand all activities connected course/activity, and I volume to the fully understand and ward may have or which may requin from any and all claims any way associated with this claims. I do hereby fully release	raiving and releasing all claims for all with and associated with this tarily agree to assume the full risk of any lagree that all programs/courses/activity occur to me and/or my minor/ward as a for injuries, damages, or loss that I or my program/course/activity. I have read and
gnature of Responsible Party			Data
			Date