

Event Room Rental Request

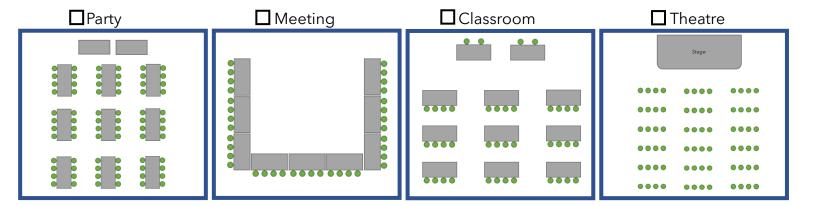
For more information, rental fees, or to view Rental Guidelines, please visit: we-goparks.org/room-rentals.

Renter Name (21+)	Date of Birth	
Organization Nam	e (If Applicable)		
Address			
Phone		CELL HOME	
Email Address			
Requested Event [Date		
Event Start Time (I The rental period is define	ncluding Set-Up) Education of the entire amount of time during which the	vent End Time (Including Clean-Up)	take-down.
Event Type/Descri	ption	Estimated Attendance #	
Room (Check One)	☐ Maple (Room 105) Capacity: 50	Oak (Room 106) Capacity: 150	
	☐ Maple/Oak Combo (Rooms Capacity: 200	105+106)	
	www.theeventhelper.com#Y8EUy6. Link to pu	es	
	(DJ, Reptile Show, Etc.) will require a Certifica	es DNo te of Insurance from vendor listing the West Chicago Park I ation email Certificate of Insurance is due at least seven day	
		es DNo tion of room rental. Includes use of stove, oven, microwave, s	sink,
TreeTop Escape wristband private) on day of room re		bands are only valid during TreeTop Escape Open Play Ho rks.org/treetop-escape. Children ages 1-12 and one free a	
	ivate Rental (Optional) njunction with an event room rental. Maximum	Yes If yes, what times?	ental is



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Layout (Check One): Room set-up is included in the room rental. Please select desired room layout below. Final layouts are dependent on headcount of your rental. Tables and chairs will be added or removed based on final headcount numbers.



I Understand:

By signing this form, I have read and understand the West Chicago Park District's Rental Guidelines. A copy of the Rental Guidelines can be accessed at: we-goparks.org/room-rentals

Waiver:

Please be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk and waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. I understand the cancellation and rescheduling polices listed on the Room Rental Guidelines.

As a participant in these West Chicago Park District programs, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the West Chicago Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the West Chicago Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damages and losses which I may have, or which may occur to me on account of participation in these programs.

I further agree to indemnify and hold harmless and defend the West Chicago Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the West Chicago Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered. The West Chicago Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.

Renter Signature	Date

Please Submit Rental Request by:

Email: thutton@we-goparks.org

In-Person or Mail: West Chicago Park District

201 W. National Street West Chicago, IL 60185

Internal Use Only	
Request Received/Time:	
Entered into RecTrac	
Confirmation Email & Rental Guidelines Sent to Renter	
Deposit Received	
Facility Set-Up Form Created	
Liquor Liability Insurance Received and Added to HH on RecTrac	
Vendor COI Received Listing WCPD as Addt. Insured	
Full Payment Received	6/2023