

# AUBURN AREA PARKS AND RECREATION DISTRICT SCHOOL RENTAL

Name of school: \_\_\_\_\_ Group/Grade: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

DATE OF EVENT: \_\_\_ / \_\_\_ / \_\_\_

FACILITY	IN DISTRICT FEE	OUT DISTRICT FEE	9:30 - 11:30AM	12:30 - 2:30PM	TOTAL
Sierra Pool - 2 Hours	\$227.00	\$257.00			\$
Recreation Field - 1 hours	\$12.00	\$62.00			\$

FACILITY	IN DISTRICT FEE	OUT DISTRICT FEE	Start Time	End Time	TOTAL
Picnic Units - 5 Hours	\$50.00	\$60.00			\$
Picnic Units - 10 Hours	\$70.00	\$80.00			\$

IN-DISTRICT ZIP CODES: 95603 95602 95604 95722      TOTAL AMOUNT: \_\_\_\_\_

### AGREEMENT AND INDEMNIFICATION

I hereby certify that I have read and understand the conditions set forth by the Auburn Area Recreation and Park District governing the use of the property and items reserved on this permit. I and/or my organization will take full responsibility for seeing that the use of these facilities/areas by the organization that I represent is in full adherence and compliance with these conditions. I further agree to pay for any and all damages and use arising out of my/organization's use of the rented facilities/area. I understand that payment for any such damages shall be due upon receipt of an itemized statement of the same.

I agree to indemnify and to hold harmless the Auburn Area Recreation and Park District from any and all loss, liability, damage, cost, or expense which it may incur as a result of any injury and/or property damage which may arise in connection with the above use of the facility.

**SIGNATURE OF RESPONSIBLE PARTY:** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFICATE OF INSURANCE: Date Due: \_\_\_\_\_ (two weeks prior to rental date)

**AUBURN RECREATION AND PARK DISTRICT**  
**123 RECREATION DRIVE**  
**AUBURN, CA 95603-5427**  
 530-885-8461 530-823-0872 Fax

## Policy for School Parties

The Auburn Recreation District is happy to provide its facilities to schools and their students. We understand that these parties are an exciting adventure for the students and we enjoy being part of the day. To ensure that the parties remain a positive adventure, we ask that your staff help us with the following rules and regulations. Your assistance in educating the students on these rules is greatly appreciated.

### Private Party Rules and Regulations:

- All trash must be picked up at the conclusion of the rental and placed in appropriate containers.
- Facilities must be vacated promptly.
- At least two adults must be present at all times in any area that students are using. The pool requires at least four adult supervisors/chaperones.
- No food or drinks are allowed in the pool area at any time.
- No cutoffs or swim trunks below the knees may be worn in the pool. Hemmed shorts or bathing suits only.
- No running, pushing, or dunking in the pool area.
- One person on the diving board at a time.
- Students may not enter the pool area until instructed by district staff.
- No balls may be hit over the fence on the ball diamond. This is a small field for recreational play only. Any damage to buildings or vehicles will be the responsibility of the renter.

Students who do not abide by these rules will be asked to leave the area and not return for the remainder of the party. Your assistance in making sure that all students know these rules will help to ensure that your party is enjoyable for all.

**Thank You and have a good time!**

**SIGNATURE OF RESPONSIBLE PARTY:** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFICATE OF INSURANCE: Date Due: \_\_\_\_\_ (two weeks prior to rental date)

**Auburn Recreation District**  
**123 Recreation Dr. Auburn, CA 95603**

**Phone: (530) 885-8461**  
**Fax: (530) 823-0872**

## Credit Card Authorization Form

I \_\_\_\_\_ authorize the Auburn Recreation District to charge my  
Please print clearly

Visa/Mastercard ending with the last four digits: \_\_\_\_\_

For the Amount of: \_\_\_\_\_

For the purpose of: \_\_\_\_\_ Date & Time: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fill out credit card information on the portion below. Once your card has been charged, the number will be shredded.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, Zip

\_\_\_\_\_  
Phone #

Number processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Shredded: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initial: \_\_\_\_\_

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This portion of the form will be detached and shredded after the transaction is completed.

VISA – CC#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Mastercard – CC#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_