



OAK HILLS RECREATION CENTER RESERVATION AGREEMENT (HOMEOWNER)

This application is tentative until approved. Recreation Center reservations are a privilege reserved for Oak Hills residents in good standing with the OHHA. Please ensure that participants at your event are respectful of OHHA rules and properties.

NAME		DATE OF EVENT	
ADDRESS		TIME OF EVENT	
PHONE		NUMBER OF PEOPLE	
EMAIL		OCCASION OR TYPE OF EVENT	
LOT #			

SCHEDULE OF FEES BY DAYS AND HOURS:

MONDAY – FRIDAY

HOURS	GYM	MEETING ROOM	PICNIC AREA
8 AM – 2:30 PM	\$30/hour	\$25/hour	\$25/3 hours
2:30 PM – 8 PM	\$40/hour	\$30/hour	\$25/2 hours
8 PM – 10 PM	\$30/hour	\$25/hour	\$25/2 hours

SATURDAY/SUNDAY

HOURS	GYM	MEETING ROOM	PICNIC AREA
8 AM – 10 PM	\$30/hour	\$25/hour	\$25/2 hours

COMMUNITY ROOM FEES BY HOURS:

\$150/2 hours	\$200/3 hours	\$250/4 hours	\$300/5 hours
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ADDITIONAL FEES FOR EVENTS:

Garbage Fee for parties over 100 people	\$50
Portable Sound System (set-up and take down)	\$30
Offsite Table and Chair Rental*	\$30

PAYMENT: MUST TO BE PAID PRIOR TO EVENT

TOTAL DUE	
PAYMENT METHOD	
CC ON FILE	
CC CVC CODE	
CC EXP DATE	

RESPONSIBILITIES OF THE RESERVING RESIDENT:

<ul style="list-style-type: none"> Sign Liability Release Obtain Liability Release for all participants Be on premises for duration for event 	<ul style="list-style-type: none"> Post event clean-up (includes garbage removal) Damages to OHHA property, buildings and/or contents (responsible for payment)
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Please read carefully before signing! This is a release of liability and waiver of certain legal rights.

The parent/guardian of the participant and/or the participant agree and understand that swimming and other Rec Center activities are HAZARDOUS. I recognize that there are risks inherent in these activities which include, but are not limited to, paralyzing injuries and death. The parent/guardian of the participant and/or the participant hereby agrees to participate in events on OHHA properties and hereby agrees to hold harmless OHHA, its teacher, directors, officers, agents and employees against any liability resulting from any injury that may occur, and also to indemnify OHHA for any damages incurred arising from any claims, demand, action or cause of action relating to the participant. The parent/guardian of the participant and/or the participant authorizes any representative of OHHA to have the participant treated in any medical emergency during their participation in the OHHA programs and also agrees to pay all costs associated with medical care and transportation of the participant.

I have read the above Liability Release and signed it with full knowledge of its content and significance.

Signature _____

Date _____