

CITY OF LIVONIA  
 Department of Parks and Recreation  
 Community Recreation Center  
 15100 Hubbard, 48154  
 Phone: 734-466-2900  
[www.LivoniaParks.com](http://www.LivoniaParks.com)

**Facility Rental Application**

Date You Are Requesting \_\_\_\_\_ Day \_\_\_\_\_

Rental Type:  Room Rental with Day Pass  Rental Only (Room, Gym Court, Pool, etc.)  Passes Only  Climbing Wall

Description of Event (party, shower, practice, meeting, etc.) \_\_\_\_\_

First and last name of the person whom the party is for \_\_\_\_\_

Room Time (2-hour minimum)

<b>*Regular Hours</b>	Saturday (Day After Labor Day – May 31) <input type="checkbox"/> 12-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 12-8	Sunday <input type="checkbox"/> 12-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 12-5
<b>*Summer Hours</b>	Saturday (June 1 – Labor Day) <input type="checkbox"/> 12-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 12-6	Sunday <input type="checkbox"/> 12-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 12-5

Total time expected to be in the facility \_\_\_\_\_

Estimated Attendance (kids & adults): Min. \_\_\_\_\_ Max. \_\_\_\_\_ Breakdown: Kids \_\_\_\_\_ Adults \_\_\_\_\_

Contact Person \_\_\_\_\_ Contacts' Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Special Requests: \_\_\_\_\_

(staff use) Room \_\_\_\_\_ Arrival Time \_\_\_\_\_

**This form is not valid until a payment for all chosen rental space/time has been collected and this form has been signed below and authorized by the City of Livonia Department of Parks and Recreation.**

**Activity Itinerary**

**Begins                      Ends**

Room Time\* \_\_\_\_\_ / \_\_\_\_\_ (2-hour minimum - must include setup/clean-up time)

Check one:  Party Room  MPR

\*Seating capacity needs to be established at booking:  Single party room = 24  Double = 48  Triple = 72

**Host Arrival Time:** \_\_\_\_\_

**Guest Arrival Time:** \_\_\_\_\_

Day Pass Required:

Leisure Pool \_\_\_\_\_ / \_\_\_\_\_

Tree Fort \_\_\_\_\_ / \_\_\_\_\_

Additional Purchase:

	Climbing Wall _____ / _____	# of climbers _____	# of staff requested _____ (1 staff per 8 climbers/hr.)
	MAC Gym _____ / _____	Activity _____	
	Main Gym _____ / _____	Activity _____	
	Skate Park _____ / _____	(outdoor area)	
	Inline Rink _____ / _____	(outdoor area)	

STAFF INITIALS  
OF APPROVAL

**DAMAGE/CLEAN-UP AND DEPOSIT AGREEMENT**

Damage/Clean-Up deposits will be forfeited if the facility is not clean and returned to the condition in which it was found. A credit or debit card is required to be on file the day of the event. Any unpaid balances will be charged to the card on file. All unpaid daily passes to the facility will be calculated and charged at the Adult Non-Resident rate.

**REFUND POLICY: The following options are available should your plans change;**

Within a minimum of a 14-calendar day notice, you are given the option to reschedule for another date, if the date is available. You will be charged a processing fee of \$25.00.

A refund will be issued under the following terms:

1. With 30-179 days or more notification will be charged 25% of the required deposit.
2. With 14-29 days notification will be charged 50% of the required deposit.
3. With 0-13 days notification will have no refund of required deposit.

Payments made by credit/debit will be credited back to that card. Cash payments will be refunded by check and will take 4-6 weeks.

**RELEASE AND HOLD HARMLESS AGREEMENT**

In consideration of entering into this agreement with the City of Livonia, the undersigned, by this instrument does hereby expressly stipulate and agree to release, discharge, indemnify and forever hold harmless the City of Livonia, its assigns, agents, servants and employees of any damage, loss or injury which heretofore has been or which may hereafter be sustained by the said INDIVIDUAL, GROUP, ORGANIZATION OR FAMILY as a consequence of their participation in any and all activities in connection with this agreement.

This release extends and applies to, and covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and the consequence thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages, which are unknown or are unsuspected to exist at the time to the person executing such release, are hereby expressly waived.

Having read the above conditions and receiving the guidelines pertaining to this rental I/we agree to adhere to the conditions of this agreement and the guidelines established by the Department of Parks and Recreation.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Livonia Parks and Recreation makes every attempt to provide services agreed upon by both parties. When situations arise out of our control, such as the pool closing temporarily or inclement weather, an alternative option may be offered. Form of refund is at the discretion of the Parks and Recreation staff.

(staff use only)

Required Information at Booking

Reservation made by (initial): \_\_\_\_\_ Today's Date: \_\_\_\_\_ Assigned Room: \_\_\_\_\_

Customer Type:    Resident        Non-Resident                      Information Provided:    Packet        Waiver

Deposit: \$ \_\_\_\_\_ For: \_\_\_\_\_

Balance Owed at Deposit: \$ \_\_\_\_\_ Reason: \_\_\_\_\_

Card Information: MC/V \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_ Code \_\_\_\_\_

Required Information Day of Event

Total Paid Day of Event: \$ \_\_\_\_\_ Add-ons: \_\_\_\_\_ Rental: \_\_\_\_\_

Difference Due To/Reason : \_\_\_\_\_

Other: \_\_\_\_\_

Notes on Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Customer Acknowledgment Form

By signing this form, the customer (party/rental host) agrees that they received the Rental Guideline packet(s) and they have/will take it upon themselves to make him/her aware of all necessary information provided. The customer agrees that not all pertinent information may be explained verbally by staff members during the process of booking your reservation. The guideline packet is provided to you for this purpose. It is your responsibility to make your guests aware of all information related to your event as they pertain to this facility.

It is the customer who must make themselves aware of what our facility and pool hours of operation are, as they pertain to parties/rentals, on the day of your scheduled event.

You must familiarize yourself with our room charges and seating capacities, the size and shape of our tables, and what is or isn't included as part of your event and related fees.

**Room rental and Day Passes are separate charges.** If you would like any of your guests to be able to utilize any activity area of this facility day passes must be purchased for those individuals. Price of day passes is based on the residency of the individual getting the pass—not the residency of the individual paying for it.

Payments made to reserve a date, including activity rentals, are immediately subject to our refund policy.

All transactions, including those of your guests, the day of your event must be processed solely with a member of our party staff.

There will be no refund for rented areas of the facility that go fully or partially unused the day of your event. Rental times may only be adjusted with approval of Kirksey Recreation Center Staff.

Parties/rentals on Saturday can arrive no earlier than 11:45 a.m., and Sunday 11:15 a.m. The facility closes at 8:00 p.m. Saturday (6:00 p.m. June-August) and 5:00 p.m. Sunday. Please make sure your plans do not exceed these hours without prior signed approval from the Recreation Supervisor.

Be aware that we reserve the right to move groups from one room to another based on our needs without notice. This is regardless of what room was reserved for you upon your initial booking. You will be notified only in the event table shapes/sizes are of a concern. On the rare occasion this happens it will not affect your rental rate.

**The time reserved is the time the customer will have access to the room.** This includes setup and cleanup. If more time is needed you must rent that time in 30 minute increments when reserving your date, based upon availability. Room setup is only guaranteed by the start of your rental time. Customer cleanup must be concluded by the end of your rental time. Added rental charges *and* staff charges may apply for rented areas occupied beyond your scheduled rental time.

Due to staffing, we require a minimum of a one week notice to rent the climbing wall. If your group is scheduled to use the climbing wall you (host) must provide the parent(s) of each child a copy of our climbing wall Waiver to complete and sign. A copy of the waiver is contained in the guideline packet. Only a parent or legal guardian may sign a waiver for a child under the age of 18. These waivers will be collected by the climbing wall staff the day of your event. Children must be at least 6 years old to climb.

Party/rental hosts are responsible for their guest's behavior, in general, and towards staff and other customers while in this facility and on the premises.

Personal checks are not accepted within 14 days of your event and will not be accepted the day of your event to pay your balance.

We reserve the right to deny/cancel any rental that conflicts with our mission, values and program offerings or any other reason we deem necessary.

**Customer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE: A copy of this signed form will be provided to the party host and one copy will be attached with your application for our records.**