

Inflatable Rental Agreement



432 Frances Street Molalla, Oregon 97038

Frontdesk@Molallaaquaticcenter.com 503.759.7665 www.molallaaquaticcenter.com

Name: _____ Birthdate: _____ Total package fee: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Date Requested: _____ Time Requested: _____ Additional hour: _____

Rental Type: _____ Number of estimated guests: _____

In addition to: (check applicable space) Facility Rental _____ Birthday Party Package _____

Choice of 3 Inflatables: *(please circle the three you would like for your party)*

Fox Trot



Zulu



Subway



Thunder Dome



Cyclone



I-Hop



Parkway



Tango

Rental days & times:

(Times may not be available all days. Not available during regular open swim hours. Hourly rate will apply)

Saturday: Not Available for Summer 2022

Sunday: 9 AM to 1 PM

6 PM to 8 PM

1-Hour Inflatable Rental (3 inflatables)	In-District Fee	Out-District Fee
Per hour rate:	\$100.00	\$120.00
Each Additional Inflatable	In-District Fee	Out-District Fee
Per hour rate:	\$40.00	\$50.00

Please initial the following:

- _____ I understand that all rules and policies of the Molalla Aquatic Center will be enforced during my rental.
- _____ I understand my rental is for the designated time and will be charged a minimum \$100 an hour for additional time.
- _____ I understand that \$50.00 deposit is due at time of Inflatable Rental.
- _____ I understand that the \$50.00 of my rental is NON-Refundable if I cancel my event within 72 hours of the event.
- _____ I understand that Inflatable Rentals require a 72-hour cancellation.
- _____ I understand that my rental includes my choice of 3 inflatables, unless I rented more.
- _____ I understand that I will be held responsible for damage to any piece of the Inflatable System caused by my guests.
- _____ I understand that Payment is due in full 5 business days prior to event starting.
- _____ I understand that if payment is not made in full prior to event date, my event may be cancelled.
- _____ I understand that swimwear or active/sportswear and lifejackets are the only attire allowed on the inflatables.
- _____ I am aware of the lifejacket policy. An adult above 15 must accompany a child requiring a lifejacket in the pool.
- _____ I am aware that the lifejacket policy, allows two children to one adult above 15 in the pool with them.

Inflatable Rules:

- NO SWIMMING UNDER ANY INFLATABLE AT ANY TIME!
- NO DIVING OFF ANY INFLATABLE AT ANY TIME!
- No wearing street clothes on the inflatables (jeans, zippers, etc.).
- No Jumping off the top of an inflatable on to the connecting Swim Step (floating pad).
- No jumping on the top net of the Thunder dome (dome).
- Only one participant is allowed on the top of the Thunder dome at any given time.
- Up to 6 participants are allowed in the Thunder dome at any given time.
- Up to 2 participants are allowed on the Cyclone (wheel) at any given time.
- Up to 3 participants are allowed on the Subway (tunnel) at any given time.
- Only one participant is allowed on the Fox Trot (balance beam) at any given time.
- Only one participant is allowed on the Zulu (slide) at any given time.
- No roughhousing is allowed on the inflatables (no pushing, shoving, fighting, etc.).
- Rules are subject to change at any time.

Participating in Recreation Programs sponsored by The Molalla Aquatic District, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me and/or my children arising out of those activities. I understand that Recreation Activities are planned with safety of participants in mind. I further acknowledge that I and/or my children have the physical capacity reasonably necessary to engage in the Recreation Activity for which I have enrolled. I also acknowledge that I take full responsibility for my behavior and the behavior of my child and will conduct myself and direct my child to conduct herself/himself in a safe, responsible, and respectable manner. In case of emergency, accident, or illness, I give my permission for myself and/or my child or anyone in my group to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my and/or my child's behalf. It is agreed that the District, it's Boards, employees, volunteers, and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my or my child's participation in Recreation Programs. I agree pictures taken during activities may be used for future promotions without compensation.

Renter Signature: _____

Date: _____

Staff Signature: _____

Date: _____