



FOUNDERS MEMORIAL PARK

Pavilion & Pool

Organization Name: _____

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Other Phone: _____

Email: _____

Will there be any form of bouncy houses at this event? Yes No (If yes Liability Insurance Certificate Required)

Will this event take place after the parks normal hours of Dawn to Dusk? Yes No

Will there be loudspeakers, live music, or any activity which involves amplification equipment/devices of any kind?
Yes No

Dates: _____

Total Hours: _____

Start Time: _____

End Time: _____

Check Amenity of Choice:

Pavilion _____

Pool _____

Total # of People Expected _____

Deposits: **Pavilion** \$50 **Pool** \$100 (non refundable if canceled less than 14 days prior to event, for any reason besides weather.)

Pavilion Fees: \$ 20.00/hr

(Pavilion rental does not include pool entry fee.)

Pool Party Fees: 2 hour rental \$80.00 6:00 pm – 8:00 pm
3 hour rental \$120.00 6:00 pm – 9:00 pm

Available Friday or Saturday

Fee includes 2 lifeguards for up to 50 people. Extra lifeguard required for each additional 25 people at \$ 10.00 per hour. (1 lifeguard per 25 people is mandatory.)

Pool maximum is 120 people.

- Persons making reservations must be at least 21 years old.
- Bathrooms are closed for public use. Please pick up the bathroom key at the Community Education office, 510 Mercer Street, Friday or day prior to your event and return the key the following Monday or day after the event. Please call 512-858-3021 before your arrival.
- I attest that if choosing the pool option that there will be an adult to child ration of at least 1-6 and that all non-swimmers in the party will have an adult that can swim within arm's reach at all times.
- Founders Pool has limited availability for private party rentals. Please inquire as to the seasonal schedule before completing a private pool rental request. Lifeguards are required for all private pool rentals.
- Your payment in full, along with the applicable refundable deposit is due immediately to hold this reservation. The deposit is refundable after final assessment of the party area. Deposits will be returned or refunded within three to four weeks, to the individual and/or organization indicated on application.
- Cleaning is the responsibility of the rental party. Cleaning includes picking up of all trash and emptying bags into dumpster. If the pavilion area is not left clean and all trash placed in the dumpster, restrooms clean and restroom doors LOCKED, the deposit will not be refunded.
- The Lessee understands that charges for all dates and times scheduled will be charged unless a written notice of changes or cancellation is received by the Community Education Department at least fourteen (14) working days prior to the event. Less than 14 days notice of change or cancellation is a loss of **deposit**. Reservations may be rescheduled or refunded due to weather conditions.
- Assume all liability and hold harmless and indemnify the District, its Trustees, employees, and agents from any and all liability arising out of the Lessee's use of facilities.
- Accept full responsibility for protecting property and equipment and assume any and all liability for repairs or replacement necessitated by any damage done to building, equipment, or other property used by the Lessee.

Be sure to read and sign below: I hereby agree to indemnify and hold harmless Dripping Springs Independent School District and employees from and against any and all liabilities for any injury which may be suffered by me or by my party arising out of or in any way connected with participation in the rental noted above. By signing below I declare I have read, understand and agree to abide by the existing park pool rules. I understand that I can request to have a copy of the Park Rules for my possession.

DATE: _____ SIGNATURE: _____

Please make checks payable to: **Dripping Springs ISD**

If any problems occur contact: Jennifer Minigh @ (512) 417-4775

FOR OFFICE USE ONLY

Date Application Received _____	Fees: Deposit: _____
Date(s) of Event _____	Use Fee: _____
Payment Received _____	Total of Fees: _____
Payment Type: _____ Cash _____ Check	Check # _____
Notes: _____	

