



# The Wave Community Room Rental Agreement

4201 Central Parkway.  
Dublin, CA 94568  
Phone: 925-574-4800

Email: TheDublinWave@dublin.ca.gov

Staff:
Facility Booking Code:

## FACILITY/DATE/TIME INFORMATION:

Date of Event: \_\_\_\_\_ Day of Week:  Su  M  T  W  Th  F  Sa

Set up: \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm

Event Hours: \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm

Clean up: \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm

Note: Rental Hours must include all time needed for Decorating/Set up, Main Event, and Clean up

## RENTER INFORMATION:

Name of Responsible Party: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

## EVENT INFORMATION:

Type of Event:  Birthday/Shower  Lecture/Meeting  Other: \_\_\_\_\_

Guest of honor under 21?  Yes  No Estimated Attendance: \_\_\_\_\_ Children in Attendance: \_\_\_\_\_

Please circle all that apply:

Admission/Donation (Fundraiser): Yes/No Proceeds for: \_\_\_\_\_

Open to the public: Yes/No

Food Catered: Yes/No Caterer: \_\_\_\_\_

Candles/Open Flame Devices: Yes/No Open Flame Permit # \_\_\_\_\_ (staff usage)

Will alcohol be served: Yes/No

(Alcohol not permitted during water park operating hours)

Insurance provided by:  Own Policy  Organization/Company Policy  Purchase from City of Dublin

## FACILITY RESERVATION PROCEDURE AND GENERAL RULES:

Initial \_\_\_\_\_ By submitting a facility rental agreement; I have read, agree to, and will abide by the facility rental procedures and rules.

Initial \_\_\_\_\_ I understand that no glass is allowed at The Wave facility.

## HOLD HARMLESS AND COMPLIANCE AGREEMENT:

The undersigned, hereby agrees to be responsible for any damage to the facility occurring during and by this use, and agrees to be responsible for the conduct of all persons attending this function. Applicant further agrees to be responsible for any accident or injury occurring to anyone during and by this use, and agrees that the City of Dublin, its officers, agents, employees and volunteers, shall not be responsible for any such injury or loss, except as arises from the sole willful act, omission or sole negligence of the City of Dublin, its officers, agents, employees or volunteers. The undersigned has received a copy of the Facility General Rules Policy, Clean-Up Requirements, and Rules and Regulations, and agrees to comply with the rules and regulations listed therein.

\_\_\_\_\_  
Signature of Renter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

**OFFICE USE ONLY:**

Facility Booking Code Number: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

CATEGORY:  Public Agency  Non-Profit  Resident  Non-Resident  Commercial

AUTHORIZED SIGNATURE: \_\_\_\_\_  Approved  Denied

**FEES:**

Rental Fee: \$ \_\_\_\_\_ per hour x \_\_\_\_\_ hours \$ \_\_\_\_\_

Rental Deposit:  \$250 \$ \_\_\_\_\_

Insurance Fee: Hazard Class \_\_\_\_\_ Overall Attendance: \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

No fee charge:  AV System Podium  Kitchenette

Tables # \_\_\_\_\_  Chairs # \_\_\_\_\_

<u>Description</u>	<u>Amount Paid</u>	<u>Date/Staff</u>	<u>Balance Due</u>
Rental Fee	\$ _____	_____/____/____	\$ _____
City Insurance	\$ _____	_____/____/____	\$ _____

**OTHER REQUIRED PERMITS/CERTIFICATES:**

		<u>Due Date</u>	<u>Date Received</u>
Certificate of Insurance	City/Private	_____	_____
Alcohol Beverage Control License	Yes/No	_____	_____
Room Set-Up Plan	Yes/No	_____	_____
Fire Permit	Yes/No	_____	_____

**DESIGNATED PERSON'S TO SIGN IN/OUT:**

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**SENIOR STAFF CONFIRMATION**

Staffing: \_\_\_\_\_  Facility: \_\_\_\_\_  Programs: \_\_\_\_\_  Front Desk: \_\_\_\_\_

**Special Notes:**