

the Oasis

Private Rental Application

Name: _____ Phone Number : _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Rental Availability: Fridays, Saturdays, and Sundays between 6:00 pm and 10:00 pm

Are you a Bloomingdale Oasis Season Passholder for the 2026 season? Yes No

Your Date Choices:

1st: _____

2nd: _____

Requested time:

_____ (rentals end by 10PM)

Do you intend to have food? Yes No

If yes, explain. _____

RENTAL RATES PER HOUR:

Circle or highlight the facility you wish to rent and indicate how many people will be present.

Number of Guests:	0-100	101-200
	R/NR	R/NR
Entire Facility (includes all slides)	\$360/\$400	\$410/\$450
Mango Bay (does not include slides)	\$100/\$140	\$120/\$160
'Cuda Cove (does not include slides)	\$135/\$175	\$155/\$195
Adventure Island	\$70/\$90	\$80/\$100

Add On Options:

Water Slides (in Mango Bay)	\$50/\$70	\$50/\$70
Drop Slide/Climbing Wall (in 'Cuda Cove)	\$50/\$70	\$50/\$70
Adventure Island	\$40/\$60	\$40/\$60

Passholders receive a 10% discount on the total of private rentals and parties.



170 S. Circle Avenue Bloomington, IL 60108

www.bloomingtonparks.org Phone: (630) 339-3568

Rental Policies

A \$100 down payment is due to secure a reservation. Once you have been contacted and a date has been approved, final payment of the rental is due at least one week prior to the scheduled date.

- Rentals must be scheduled a minimum of two weeks in advance.
- **A two-week notice must be given to reschedule or cancel. If cancellation is not given two weeks in advance, the \$100 down payment will be forfeited.**
- Rentals may be cancelled due to inclement weather at the discretion of the Oasis Manager.
 - If the Oasis closes due to inclement weather, the rental will be rescheduled at no additional charge; time permitting.
- **Alcohol, smoking, and drug use of any nature is prohibited. Any violation of this rule will result in immediate termination of the rental and the deposit will be forfeited.**
- If you intend to bring outside food, prior approval made by the Aquatic Supervisor or Coordinator is required
- Proof of liability insurance may be required by Bloomington Park District depending on the type of facility rental i.e bounce house, table and chairs or stages rentals, catering, entertainment etc. Coverage available through www.eventhelper.com/partner/pdrma

Information/Warning of Risk/Waiver and Release

I agree that my guest and I will abide by all rules and regulations set by the Bloomington Park District, written or unwritten. I, as the renter, assume all responsibility for any damage to Bloomington Park District property during our use of The Oasis.

Information:

The (Bloomington Park District) "Park District" is committed to providing safe aquatic facilities and programs and holds the safety of participants in high regard. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors engaged in aquatic activities must recognize that there is an inherent risk of injury.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities associated with this rental. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical/aquatic activity.

Please understand and recognize that lifeguards are not responsible for providing supervision or assessing your swimming skills or that of your minor child; rather, lifeguards are responsible for enforcing safety rules and responding to emergencies. Adults and parents of minors are solely responsible for supervision of any and all activities contemplated by this agreement.

**NEVER LEAVE ANY CHILD WITH POOR SWIMMING SKILLS OR
8 YEARS OF AGE AND YOUNGER UNACCOMPANIED BY A PARENT
OR RESPONSIBLE PERSON, 16 YEARS OF AGE OR OLDER**

WARNING OF RISK

Swimming and other aquatic activities challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to drowning, head/brain injury, and spinal cord injury. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming and aquatic activities are hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, failing to follow rules and regulations, failure of lifeguards to locate victims and/or delay in emergency response time, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool or waterslide, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, striking one's head on the bottom, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to aquatic activities. In this regard, it must be recognized that it is impossible for the Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in consideration for this Pool Pass, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with use of the Park District aquatic facilities and programs.

I recognize and acknowledge that there are certain inherent risks of physical injury to patrons of aquatic facilities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities and programs connected with or associated with this Pool Pass. I further recognize and agree that lifeguards and other aquatic staff are not responsible for supervising my activities or the activities of my minor child(ren) and I agree that I am solely responsible for supervising my minor children and/or assessing whether my children are physically fit and/or adequately skilled for aquatic activities. I additionally agree to supervise any children ages 10 and under at all times.

I further agree to waive and relinquish all claims I, or my minor child/ward may have (or accrue to me or my child/ward) as a result of use of the Park District's aquatic facilities and programs against the Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "District").

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with use of the Park District's aquatic facilities and programs.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED

If the signature of adult renter and date are not on this waiver.

Renter's Name: _____ Date: _____

Renter's Signature: _____

(18 years of age or older)

Participation will be denied if the signature of adult renter and date are not on this waiver.

OFFICE USE ONLY:

Manager Approval: _____ Date: _____

Rental Date: _____

Rental Begin Time: _____

Rental End Time: _____

Payment:

Total \$ _____
Down Payment \$ _____
Total Balance \$ _____

Down Payment Amount \$ _____

Visa/MasterCard/Discover Cash Check

Receipt # _____ Initials _____ Date _____

Balance Payment Amount \$ _____

Visa/MasterCard/Discover Cash Check

Receipt # _____ Initials _____ Date _____

Balance due by: _____