

Batting Cage Application

Email: <u>Stephanie.Lum@mountainview.gov</u>

Renter Contact In	formation							
First Name:	rst Name: Last Name:				Birthda	te:/		
Street Address:				_ City: Zip Code:				
Email Address: Primary Phone:								
Emergency Contact N	lame:		Relationship to Participant:					
Emergency Primary Phone: Emergency Secondary Phone:								
Reservation Requ	est							
Number of participants attending the reservation: (Including the applicant, the maximum is 4 per reservation.)								
Single-Day Request				Multi-Day Request				
Date:	Alt. Date:		_	Dates:	Start Time:	End Time:		
Start Time: End Time:								
Reservation requests must be for a minimum of 30 minutes.								
Reservation Request								
Rental fees are due in full at time of reservation. Time blocks are 30-minute increments.								
Mountain View Resident Rate				Nonresident Rate				
No. of Time Blocks	Resident Rate	Total		No. of Time Blocks	Resident Rate	Total		
	x \$20	= \$			x \$25	= \$		
Credit Card (VISA, Mastercard, Amex, Discover) Check (payable to "City of Mountain View") Cash (do not mail cash)								
Credit Card Number:				Exp. Date: CVV:				
Name as it appears on card:				Signature:				



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Rental Acknowledgement, Liability Waiver, and Photo Release

Please	initial next to each statement. By initial	ing, you acknowledge and accep	the terms and conditions of the rental.			
	All participants attending the reservation number of participants for the reservation		at least 18 years of age. The maximum			
	Batting helmets are required while inside participants do not provide their own, or		s are encouraged to provide their own. If ation of the rental.			
	Participants are required to bring their	own bats. Bats will not be provi	ded.			
	As the Permit Holder, I acknowledge the other commercial use is prohibited.	nat my rental is for recreational o	use only. Training, private lessons, or any			
In consideration of participation in a class or activity offered by the Recreation Division of the City of Mountain View, I, the below signed, agree to indemnify and hold the City of Mountain View harmless and hereby waive, release, and discharge any and all claims for loss or damage, for death, personal injury, bodily injury, or property damage which I may have or which hereinafter may accrue to me against the City of Mountain View, its City Council, employees, agents, and volunteers for any liability arising out of or connected in any way with my participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs, and assigns and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. Further, I understand that the City of Mountain View, its City Council, employees, agents, and volunteers are not responsible for the personal property of the participants in the class or activity. It is further understood and agreed that this waiver, release, and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns. I have read and agree to the registration and program policies.						
a pet or personal property, for promotional use in any City-related media.						
By my signature below, I acknowledge that I have read this document and understand its contents.						
Signatu	re:	Date:	City Employee No./Dept.:			