

Cal City MX Park



PRIVATE RENTAL APPLICATION FORM

Quads Are Allowed on Rental Days

Applicant's Name: _____ **Rental Date Requested:** _____

Rental Time Requested:

- Morning (8:00 a.m. to 12:00 p.m.)
 Afternoon (1:00 p.m. to 5:00 p.m.)

Pricing Per Time Requested:

- 1 to 20 riders = \$600.00 (unprepped/watered before rental only)
 1 to 20 riders = \$750.00 (prepped/watered before rental only)
 21 to 30 riders = \$800.00 (unprepped/watered before rental only)
 21 to 30 riders = \$950.00 (prepped/watered before rental only)

* For Pro/Industry/Factory riders = \$1,250.00 (From 8:00 a.m. to 3:00 p.m -watered before rental only)

Deposit Required:

Rental dates and times requested will be reserved upon completion of rental application form and when a deposit of \$350.00 is received at CCMX Park.

Terms and Regulations:

1. All track rules apply to rental days.
2. All participants must sign proper waiver and release of liability forms before entering facility.
3. All fees due must be paid before entering facility on rental time reserved.
4. Cancellations made less than 72 hours notification will automatically forfeit deposit of \$350.00.
5. Spectators with rental party will be allowed in designated areas during rental time reserved with signature of proper waiver and release of liability forms.
6. EMT services must be requested at least 72 hours prior to rental day reserved.

EMT Services:

EMT services are available upon request for rental days. A fee of \$35 per hour will apply which is not included in rental time fee. CCMX Park highly recommends that all applicants request EMT services to insure safety during rental time.

- Yes, I am requesting EMT services for rental date / time requested.
 No, I decline EMT services.

I have read and fully understand this rental application form. I understand that I have signed this freely and voluntarily without any inducement made to me. I agree to all terms, regulations, and conditions listed on this form and any and all rules and regulations posted at CCMX Park.

ALL SECTIONS MUST BE COMPLETED

Applicant Name: _____

Applicant Signature: _____

Date: _____

Mail check to:

**Cal City MX Park
P.O. Box 2434
California, CA 93504**