

EXHIBIT "L"

BLOCK HOUSE MUNICIPAL UTILITY DISTRICT
Application to Reserve District Recreational Facilities Other Than Pools
(Jumano Community Center, Pavilion, Practice Fields or Walker House)
and Release of Liability

BLOCK HOUSE MUD
P. O. Box 129
Leander, TX 78646-0129
PHONE (512) 259-0959 FAX (512) 246-1900

<p><u>Check box for applicable facility</u></p> <p><input type="checkbox"/> Jumano Community Center (maximum capacity - meeting/multipurpose room - 50 people; workshop/storage room - 40 people, unless variance is approved in advance by the Board) - \$150 for 3 hours (\$25 per hour for each additional hour) plus \$250 refundable deposit</p> <p><input type="checkbox"/> Pavilion (maximum capacity - 100 people, unless variance is approved in advance by the Board) - \$25 per hour plus \$100 refundable deposit</p> <p><input type="checkbox"/> Practice Fields - \$10 per hour (maximum of 2 hours per session, up to 2 sessions per week) - no Sunday reservations permitted <u>circle field:</u> Tonkawa Park Tumlinson Park</p> <p><input type="checkbox"/> Walker House (maximum capacity - 60 people) - \$150 for 3 hours (\$25 per hour for each additional hour) plus \$250 refundable deposit</p> <p><u>Check this box if alcohol will be served (Jumano Community Center or Walker House only)</u></p> <p><input type="checkbox"/> Jumano Community Center / Walker House - Security services if alcohol on premises - \$31 per hour</p>
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Submit application with 2 separate checks (1 for deposit & 1 for rental fee)
made payable to Block House MUD.

CHECK APPLICABLE BOX BELOW AND COMPLETE:

INDIVIDUAL (complete this section for an individual reservation)

NAME _____ HOME# _____
(Deposit refund check will be made payable to this name) WORK# _____
CELL# _____

ADDRESS _____
(Refund check will be mailed to this address)

DRIVERS LICENSE# _____

SPOUSE _____ WORK# _____
CELL# _____

GROUP / ORGANIZATION (complete this section for a group / organization reservation)

NAME OF GROUP / ORGANIZATION _____
(Deposit refund check will be made payable to this name)

ADDRESS OF GROUP / ORGANIZATION _____
(Refund check will be mailed to this address)

PHONE# FOR GROUP / ORGANIZATION _____

NUMBER OF PEOPLE IN GROUP / ORGANIZATION _____

NUMBER OF PEOPLE IN GROUP / ORGANIZATION THAT ARE DISTRICT RESIDENTS _____

CONTACT PERSON (person making reservation) _____

ADDRESS _____

HOME# _____

DRIVERS LICENSE# _____

WORK# _____

CELL# _____

ALL APPLICANTS TO COMPLETE THE FOLLOWING:

DATE _____ HOURS OF USE _____

NUMBER OF PEOPLE TO ATTEND _____

TYPE OF FUNCTION _____

IF USING VENDOR, (i.e., moonwalk, snow cone machine, etc.), AMPLIFIED MUSIC (i.e., DJ, live music, etc.) OR PORTABLE BAR-B-Q, PLEASE LIST. Proof of insurance may be required.

The undersigned hereby applies for use of the District's facilities on behalf of ourselves, family members, guests, group or organization. We acknowledge that the use of these facilities is subject to regulation by the District, and we agree that our use is subject to compliance with all applicable District rules. We understand that the District does not, by the provision of these facilities, assume any responsibility or liability to us, and we undertake such use at our own risk. In consideration of being allowed to use the District's facilities, we assume all responsibility for and release and discharge the District, its agents, officers, officials, employees and representatives, whether paid or volunteer, from all claims, demands, actions, judgments and executions which we ever had, now have, or may have in the future, or which our heirs, executors, administrators or assigns may have or claim to have against the District, its agents, officers, officials, employees and representatives, for all personal injuries and property damage, known or unknown, caused by or arising out of the use of the District's facilities.

We further waive any claim for damages for or arising out of the use of the District's facilities. We acknowledge that we are engaging in this activity at our own request and risk and are not entitled to any compensation, benefit or insurance coverage from the District, nor will we claim any from the District. We further acknowledge that we are familiar with the activities involved in use of the District's facilities and are physically able to perform them. If this application is on behalf of our minor children, we hereby represent that we are legal guardian(s) of our children and, in our capacity as such, assume full responsibility for them and their compliance with applicable District rules in accordance with the terms of this release.

We have read this application and release and understand all its terms. We execute it voluntarily and with full knowledge of its significance.

I agree with all terms and have received a copy of the rules and will comply with these rules. I understand that I must be present during the entire time of the reservation period.

District Representative _____ Date _____

Applicant Signature _____ Date _____

(Name of Group / Organization) Date _____

By: _____
(Signature of Authorized Representative)

(Name of Authorized Representative)

Check# _____

(Title of Authorized Representative)

Money Order# _____

Amount Paid _____

BLOCK HOUSE MUNICIPAL UTILITY DISTRICT TEAM PLAYER REGISTRATION AND RELEASE OF LIABILITY

We understand that the Block House Municipal Utility District (the "District") does not, by the provision of these facilities, assume any responsibility or liability to us, and we undertake such use at our own risk. In consideration of being allowed to use the District's facilities, we assume all responsibility for and release and discharge the District, its agents, officers, officials, employees and representatives, whether paid or volunteer, from all claims, demands, actions, judgments and executions which we ever had, now have, or may have in the future, or which our heirs, executors, administrators or assigns may have or claim to have against the District, its agents, officers, officials, employees and representatives, for all personal injuries and property damage, known or unknown, caused by or arising out of the use of the District's facilities.

We further waive any claim for damages for or arising out of the use of the District's facilities. We acknowledge that we are engaging in this activity at our own request and risk and are not entitled to any compensation, benefit or insurance coverage from the District, nor will we claim any from the District. We further acknowledge that we are familiar with the activities involved in use of the District's facilities and are physically able to perform them. If this application is on behalf of our minor children, we hereby represent that we are legal guardian(s) of our children and, in our capacity as such, assume full responsibility for them and their compliance with applicable District rules in accordance with the terms of this release.

We have read the Practice Fields Rules and Regulations and this Release of Liability and understand all of their terms. We execute this Registration and Release voluntarily and with full knowledge of its significance.

	Team Member Name	Address	Parent Signature
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18			

Team Name: _____

Date: _____

District Resident/Coach

Name (Printed): _____ Signature: _____

District Representative

Name (Printed): _____ Signature: _____