

**EXHIBIT "L"**

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

**BLOCK HOUSE MUD  
P.O. Box 129  
Leander, TX 786 46-0129  
PHONE (512) 259-09 59**

**Check box for applicable facility**

- 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**
- Pavilion (maximum capacity - 100 people, unless variance is approved in advance by the Board)- \$25 per hour plus \$100 refundable deposit**
- Practice Fields -maximum of 1.5 hours per day, 1 day per week -no weekend reservations circle field: Tonkawa Park or Tumlinson Park**

**Check this box if alcohol will be served (Jumano Community Center or Walker House only)**

- Jumano Community Center / Walker House -Security services if alcohol on premises - \$45 per hour**

Submit the application with a check made payable to Block House MUD.  
See applicable facility Rules and Regulations for cancellation and refund policy.

**CHECK THE APPLICABLE BOX BELOW AND COMPLETE THE FOLLOWING:**

- INDIVIDUAL** (complete this section for an individual reservation)

**NAME** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
(Deposit refund check will be made payable to this name) **HOME#** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **WORK#** \_\_\_\_\_  
(Refund check will be mailed to this address) **CELL#** \_\_\_\_\_

**ALTERNATE RESIDENT CONTACT** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**HOME#** \_\_\_\_\_ **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 DISTRICT RESIDENTS IN GROUP/ORGANIZATION** \_\_\_\_\_

**CONTACT PERSON (person making the reservation)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**HOME#** \_\_\_\_\_ **WORK#** \_\_\_\_\_ **CELL#** \_\_\_\_\_

ALL APPLICANTS ARE TO COMPLETE THE FOLLOWING:

DATE \_\_\_\_\_ HOURS OF USE \_\_\_\_ a.m./p.m. to \_\_\_\_ a.m./p.m.

NUMBER OF PEOPLE TO ATTEND \_\_\_\_\_

TYPE OF FUNCTION \_\_\_\_\_

**I f U S I N G** 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, at this moment, applies for the use of the District's facilities on behalf of ourselves, family members, guests, groups, or organizations. We acknowledge that the use of these facilities is subject to regulation by the District, and we agree that our service is subject to compliance with all applicable District rules. By the provision of these facilities, we understand that the District does not 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 from using the District's facilities. We acknowledge that we are engaging in this activity at our 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 using the District's facilities and are physically able to perform them. If this application is on behalf of our minor children, we at this moment 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 will have 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)

\_\_\_\_\_  
(Title of Authorized Representative)

Check# \_\_\_\_\_

Money Order# \_\_\_\_\_

Amount Paid \_\_\_\_\_