

## **Private Party Pool Rental Form**

Name:Number in Attendance:			Number in Attendance:
Address:			
City:	Zip:	Home Ph	none:
E-mail:			
Date of Rental:_	7	Fime of Rental:_	
		\$80	per hour
Reservation and not be valid. Rem rental or deposit valid. Liability Waiver and the risks of for bones and the potrisk to the bones, of people at a part and Recreation, it result from being safety rules while take sole responsi	y: 8pm – 10pm day: 10am – Noon & Cancellation Policy: Naining balance must be will be kept. Deposit will be kept. Deposit will be	Must provide 50% paid in full before all not be kept if categories include, but are injury including duscles as well as for contracting transfer or from outside the form of the swim ds or other guests	July 22 <sup>nd</sup> through August Monday – Friday: 7pm – 9pm Saturday & Sunday: 10am – Noon & 7pm – 9pm of of rental fee for deposit upon reservation or reservation will be entering pool on date of rental. Must cancel within 48 hours of ancellation is due to weather conditions.  In the registered group recognize the inherent risks of swimming the not limited to slipping on wet surfaces, cuts, scratches, broken drowning. I understand that physical activity creates a potential the cardiovascular system. I also understand that having a group assmittable diseases. By signing below, I release Grafton Parks from any direct or consequential injuries or illness that may food brought to the pool. I also agree to enforce standard pool aming pool and while using the locker rooms. I also agree to swho accompany my group. Pool safety rules are posted near available on request. No Glass Containers, Tobacco Products,
	y, I ( <i>Parent/Guardian o</i> tion and Cancellation		firm that I have read and understood this liability waiver
Parent/Guardiar	n Signature:		Date:
			fice Use Only)
Group Name:			
Rental Amount:	I	Deposit Amount:	<b>:</b>