



Private Party Pool Rental Form

Group Name: _____ Number in Attendance: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

E-mail: _____

Date of Rental: _____ Time of Rental: _____

Fees:

1-20 People: \$60/hour

20+ People: \$75/hour

Rental Times:

June & July

Monday through Friday: 8pm – 10pm

Saturday and Sunday: 10am – Noon & 8pm – 10pm

August

Monday through Thursday: 7pm – 9pm

Friday: 8pm – 9pm

Saturday & Sunday: 10am – Noon & 8pm – 9pm

Reservation and Cancellation Policy: Must provide 50% of rental fee for deposit upon reservation or reservation will not be valid. Remaining balance must be paid in full before entering pool on date of rental. Must cancel within 48 hours of rental or deposit will be kept. Deposit will not be kept if cancellation is due to weather conditions.

Liability Waiver: By signing below, I *Parent/Guardian of the registered group* recognize the inherent risks of swimming and the risks of food borne illnesses. These include, but are not limited to slipping on wet surfaces, cuts, scratches, broken bones and the potential for more serious injury including drowning. I understand that physical activity creates a potential risk to the bones, joints, ligaments and muscles as well as the cardiovascular system. By signing below, I release Grafton Parks and Recreation, its employees, agents and entities thereof from any direct or consequential injuries or illness that may result from being present on the premises or from outside food brought to the pool. I also agree to enforce standard pool safety rules while my group is going to and from the swimming pool and while using the locker rooms. I also agree to take sole responsibility for siblings, friends or other guests who accompany my group. Pool safety rules are posted near the pool bathrooms and pool entrance and are additionally available on request. No Glass Containers, Tobacco Products, or Alcohol Allowed!

By signing below, I (*Parent/Guardian of the group*) confirm that I have read and understood this liability waiver and our Reservation and Cancellation Policy.

Parent/Guardian Signature: _____ Date: _____

(For Office Use Only)

Group Name: _____

Date of Rental: _____ Time of Rental: _____

Rental Amount: _____ Deposit Amount: _____