

Leistikow Pool- Private Rental Form

Name: _____ Number in Attendance: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell # : _____

E-mail: _____

Date of Rental: _____

Time of Rental: _____

\$120 per hour

Rental Times:

June through July 21st

Monday – Friday: 7pm – 9pm

Saturday & Sunday: 10am – Noon & 7pm – pm

July 22nd through August

10am – Noon (No underwater lights for PMs)

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 1 week before 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. I also understand that having a group of people at a party/event creates a risk for contracting transmittable diseases. 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: _____