

# FLO-TOWN USA

City of Florence  
Parks and Recreation  
203 College Street / PO Box 187  
Florence, MS 39073  
(601) 845-5858

Hours of Operation: Monday – Saturday 10:00 am – 6:00 pm

## **GROUP RESERVATION FORM** **(must be booked at City Hall)** **Large Groups**

Date of Event \_\_\_\_\_ Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Group Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Group Members: (Minimum of 15 members for group rate) \_\_\_\_\_.

- 2 adults are required per 15 children.
- Group rate: \$4.00 per person age 1 and up. Under 1 year and over 50 years old: free entry.
- All Splash Pad participants must wear swimsuit attire and children wearing diapers must wear swim diapers.
- In case of lightning the Splash Pad will be closed. Severe weather cancellations may be refunded or rescheduled at City Hall. As long as the Splash Pad is open, there will be no cancellations.

I hereby release the City of Florence from responsibility for injuries, physical or otherwise, incurred during splash pad activities and I agree to indemnify, defend and hold harmless the City of Florence, its officers, agents, and employees from any and all claims or causes of action arising there from. I understand that participation is monitored by staff and I will fully comply with any and all City of Florence Flo-Town Splash Pad policies and rules. I understand if City of Florence Flo-Town Splash Pad policies and rules are not adhered to, I assume all risks and hazards incidental to the conduct of activities. In the event of a medical emergency, I hereby give permission to medical personnel to provide necessary medical treatment to myself or the minor child(ren) in my care. I also hereby give permission to release myself or my child's photo for media purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_