MOLALLA AQUATIC CENTER

503.759.7665 frontdesk@molallaaquaticcenter.com
www.molallaaquaticcenter.com

Private Facility and Classroom Rental Request Form

Date Requested: _____ Time Requested: _____

Renter Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Purpose of rental: _____Estimated number of swimmers: _____

	In-District Fee	Out-District Fee
1 hour Classroom Rental Rate	$40.00	$50.00
2-hour Facility Rental Rate (up to 50 swimmers)	$250.00	$300.00
2-hour Facility Rental Rate (+ 50 swimmers)	Additional $40/hour	Additional $50/hour

**** Add 4% if paying by card****

Please initial the following:

___ I understand that all rules and policies of the Molalla Aquatic Center will be enforced during my rental.
___ I agree to the Lifejacket Policy. Anyone in a life jacket or under 8 must be accompanied by an adult in the pool. 2 to 1 ratio
___ I understand my rental is for the designated time only, including set up and clean up.
___ I understand my rental fee is due in full by the time of booking my rental.
___ Private Facility Rentals require a 1 week notice in order to provide adequate staffing.
___ I understand that no food or drink (besides water) is allowed on the pool deck.
___ Private Facility Rental Only: I understand if I have more than 50 swimmers, I will be charged an additional fee.
___ Classroom Rental Only: I understand admission for swimming is a separate fee.

**Cancellations must be made 2 weeks in advance to be eligible for a refund.
Cancellations made 1 week in advance may receive credit on their account.
Cancellations made less than 1 week prior to the event are NON-REFUNDABLE **

Participating in Recreation Programs sponsored by the Molalla Aquatic Center and/or Molalla Aquatic District, I hereby acknowledge that I understand there are risks of accidents resulting in bodily harm to me and/or my children and guests arising out of those activities. I understand that recreation activities are planned with safety of participants in mind. I further acknowledge that I and/or my children and guests have the physical capacity necessary to engage in the recreation activity for which I have enrolled. I also acknowledge that I take full responsibility for my behavior and the behavior of my guests and will conduct myself and direct my child and guests to conduct himself/herself in a safe, responsible, and respectful manner. In case of emergency, accident, or illness, I give my permission for myself and/or my child and guests to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred on my and/or my child's behalf. It is agreed that the Molalla Aquatic Center and its employees, Molalla Aquatic District Board members, Molalla Aquatic District employees, volunteers, and agents shall be held harmless against all claims, damages, loss or expenses, including attorney's fees, arising out of or resulting from my or my child's and/or guest's participation in Recreation Programs. I agree pictures taken of me or my child or guests during activities may be used for future promotions without compensation. I hereby waive, release, and forever discharge any and all claims against the Molalla Aquatic District. This release form was completed and signed of my own free will.

Renter Signature: _____ Date: _____

MOLALLA AQUATIC CENTER STAFF USE ONLY
Date Received: _____ Rental Fee: _____ Payment Method: _____ Staff_____
Put on Master Calendar? Yes No In Fusion? Yes No Private Facility only: Left Note for Superintendent