

JKFAC INDOOR POOL RENTAL FORM

(Labor Day-Memorial Day)

***This form is a rental application; no rental is confirmed until approved by the aquatic supervisor.**

Completed forms can be emailed to abutler@tiptoniowa.org or brought into the Aquatic Center.

Date of Rental: _____ Time of Rental: _____ AM PM (Circle One)

Suggested Times:

Sat/Sun: 8am-10am

Sat/Sun: 6pm-9pm

Monday-Friday 4pm-6pm (Not available all year)

Monday-Friday: 6pm-9pm

Groups and individuals can rent the James Kennedy Family Aquatic Center under the following terms:

1. A **14-day** notice required to secure the facility and staff.
2. A \$50.00 refundable deposit is required for all rentals. The deposit will be due within one week before the rental date and will be returned one week following the rental once the facility has been inspected for housekeeping and any damages. If the deposit is not submitted before one week prior to the rental, you will lose your rental reservation.
3. If the renter does not attend to their reserved time without at least 48-hour notice given to the facility, the renter forfeits their deposit. If cancelation is weather related, no deduction will be given if renter notifies us within 3 hours of their reserved time.
4. The renter will be held responsible for all damages incurred during the rental of the facility.
5. The rental group is expected to return the facility back to pre-rental condition.
6. Any consumption of alcoholic beverages, tobacco products or illegal drugs will be grounds for automatic expulsion from the JKFAC and the renter will forfeit the security deposit.
7. There will be staff on duty the entire length of the rental.
8. Facility usage for purposes other than those specified on the contract will result in expulsion from the JKFAC and renter will forfeit the security deposit.
9. The James Kennedy Family Aquatic Center reserves the right to refuse rental if they deem it is in the best interest of the organization.
10. In case of bad weather, the James Kennedy Family Aquatic Center has the right to cancel any pool rentals with full refund. We may also look at another date for rescheduling.
11. On the night of rental all dues must be turned in prior to swimming in facility.

Facility Information:

Facility: Indoor Pool \$75 / per hour

Personal Data:

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: () _____

Email: _____

Reason for renting facility: _____

Projected # of people for rental: _____ (If rental exceeds pool capacity rental cannot occur: Indoor Facility=163 Patrons Patrons)

First choice of date for rental: _____ Second choice of date for rental: _____

Insurance Waiver: I the undersigned understand that the City of Tipton provides no insurance coverage for medical costs and other damages arising out of any participation in the James Kennedy Family Aquatic Center. Any insurance coverage will be that furnished by the undersigned.

Signature: _____ Date: _____

Print Name: _____

Approved By:

Name: _____

Position: _____

Signature: _____

Date: _____