

JKFAC INDOOR POOL RENTAL FORM

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

Times Available: Anytime during pool operation just as long as the rental takes place during open swim.

The suggested times are Fri 8-10 pm, Sat 8-10 am / 5-7 or 7-9 pm or Sun from 10 am - 12 pm / 5-7 pm.

Groups and individuals are able to rent the James Kennedy Family Aquatic Center under the following terms:

1. A 14 day notice may be required to secure the facility and staff.
2. A cancellation notice of **at least 14 days** is required for the refund of the following \$200.00 deposit.
3. A \$200.00 refundable deposit is required for all rentals. The deposit will be returned one week following the rental once the facility has been inspected for housekeeping and any damages.
4. The renter will be held responsible for any and 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 outdoor pool rentals with full refund.
11. On the night of rental all dues must be turned in prior to swimming in facility. Thank you.

Facility Information:

Facility: Indoor Pool \$125 / per hour

**Prices Subject to Change at any given notice.

Personal Data:

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone Number(s): Home () _____ Work () _____

Reason for renting facility: _____

Projected # of people for rental: _____ (If rental exceeds pool capacity rental cannot occur)
(Indoor Facility=163 Patrons, Outdoor Facility=423 Patrons)

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

Insurance Waiver: We 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: _____

Report Prepared By:

Name: _____ Position: _____

Signature: _____ Date: _____