



NEW HOLSTEIN AQUATIC CENTER RENTAL AGREEMENT

Facility Rental (\$125 per hour) and Party Room Rental (FREE for use in 2 hour periods, not to exceed 2 hours in one day for the same event.) Available pool rental dates will be filled on a first come, first serve basis. No dates will be held without full payment. Please read this agreement carefully and fill out completely. Reservations can be made during the current pool season, for the current year only.

**FACILITY AVAILABLE RENTAL TIMES: 10 AM – 12 NOON FRIDAY, SATURDAY & SUNDAYS when lessons are not scheduled.
PARTY ROOM RENTAL: During regular open hours**

Facility rentals and Party Room Rentals must be scheduled and paid in full at the time the reservation is made. No oral agreements, for the use of the Aquatic Center, shall be valid. All reservations must be confirmed with a signed Rental Agreement, by both the Aquatic Center employee and facility/room renter. No carry-ins allowed. All food must be purchased from our Concession Stand. (Birthday cakes may be brought in for birthday parties.)

A deposit of \$20.00 is required when scheduling a facility rental. The facility rental will not be scheduled until the deposit has been received. This deposit will be returned if the pool facility is left in good condition and no damage has been done. The deposit will not be returned if the party is cancelled less than 5 days prior to the party. Deposits will be returned if cancellations occur due to inclement weather or unforeseen circumstances as determined by the supervisor that is on duty the day of the event. **NO DRUGS, ALCOHOL, OR WEAPONS ARE ALLOWED IN OR AROUND THE POOL AREA.**

In the event of inclement weather or an unforeseen circumstance, the Aquatic Center will contact the responsible person listed below to notify them of the situation. It is your responsibility to make sure to list a phone number that can be used in the event of such cancellation.

All children ages 3 and younger must have an adult with them in the water at all times at a ratio of 1:1. All children who have not been potty trained for a minimum of 6 months are required to wear a New Holstein Aquatic Center approved swim diaper. (Swim diapers are available for purchase at the front desk.) In the event of a fecal accident during your party-swimmers will be removed from the pool and will not be able to reenter. We will not schedule a make-up date or extend the contracted time in the event of such and accident.

PLEASE PRINT

Name of Responsible Person: _____
First and Last Name

Mailing Address: _____
House No., Street, City, State, Zip

Physical Address of Residency: _____
House No., Street, City, State, Zip

Daytime Phone Number: () _____ Evening Phone Number: () _____

Cell Phone Number: () _____ Email: _____

Date of Event: _____ Time: From _____ AM/PM To _____ AM/PM

Number of people attending the event: _____ Number and approximate age range of swimmers: _____

I agree to abide by all policies in this pool rental agreement. The participants in the event will follow all rules of the pool. I acknowledge that the \$20.00 deposit is non-refundable if the event is cancelled less than 5 days prior to my event. By signing this contract I acknowledge that I am responsible for all charges related to the rental of the pool.

Signature of Responsible Party Date

Signature of Aquatic Center Employee Date

ADMIN OFFICE USE ONLY

Deposit Date: _____ Cash Check # _____ Receipt # _____

FACILITY RENTAL Payment Received \$ _____ Date _____ Received by: _____
(Staff name)

Rental Approved by: _____ Denied by: _____

Reason for Denial: _____

- ___ Form is complete and signed by both the individual making request, and City personnel.
- ___ Receipt with dates of reservation written in the memo portion has been given to the individual making the request.
- ___ A copy of the rules has been given to the individual signing this agreement.
- ___ Post the event in the official calendar (date, time, name and phone number of the requesting individual)
- ___ File this request behind the month of use in the date order in the calendar binder located at the front desk.

DEPOSIT TO BE REFUNDED: YES NO

Reason for not refunding deposit: _____

Name of person to be refunded: _____

Address: _____ City: _____ State: _____ Zip: _____

Refund Date: _____ Check Number: _____ By: _____
(Staff name)