



# Stayton Family Memorial Pool

400 W Virginia St. Stayton, Or 97383 503-767-7665



## Pool Rental Form Agreement

**Please remember that NON - SWIMMERS must have an adult in the water NO MORE than arms length away or wearing a coast guard approved lifejacket.**

**Children 9 yrs and younger must have an adult in the water at all times. Initial\_\_\_\_\_**

Name of Renter: \_\_\_\_\_

Date of Rental: \_\_\_\_\_ Time of Rental: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Number Of Swimmers: \_\_\_\_\_

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

### POOL RENTAL POLICIES

Rental is minimum of 1 hour or per 1/2 hour there after. (\$40.00 Deposit is required to reserve date)

**Rentals are for the time specified by RENTER. Renters must set up and take down during the specified time ONLY. (This is to include cake and presents.) Initial\_\_\_\_\_**  
**(No one will be allowed in building no earlier than 5 mins before specified time)**

If Renter exceeds their agreed rental time there will be a penalty fee of \$30.00 per 15mins. All groups renting the pool shall observe all pool rules. The lifeguard - on - duty is the authority during the rental. Two lifeguards are provided to the rental fee. If a grouped consists of more than 24 **\*\* Cost\*\***

1-24 People Resident = \$85.00 Non-Resident = \$105.00  
25-49 People Resident = \$100.00 Non-Resident = \$120.00

**For addition or less People please contact the Stayton Family Memorial Pool no less than 3 days in advance.** No refunds will be given if less people attend rental. It is understood that: the Santiam Family Memorial Pool reserves the right to refuse or cancel this reservation, if in their opinion it is in the best interested of the public to do so; Renter/organization will be held directly responsible for damages, breakage, or vandalism while on the pool premises; This is a public facility located on public property and is subject to any and all city, state and federal laws regarding such properties.

I acknowledge that I have read and complete understand of the potential risk associated with this activity, including injury and death and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree the City of Stayton - Stayton Family Memorial Pool, it's officers, agents, and employees, harmless from and against all liability, claims actions, suit, damages, loss or injuries of any kind, nature or claim as a result of any act or omission related to the program (s) offered by the City of Stayton - Stayton Family Memorial Pool.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**For Office Use Only:** Total: \_\_\_\_\_ - (deposit) \_\_\_\_\_ = Total Amount Due: \_\_\_\_\_

Date of Application \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Put on Calendar Y / N