

Stayton Family Memorial Pool

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



Pool Rental Form Agreement

<u>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.</u>

Children 9 yrs and younger must have an adult in the water at all times. Initial_____

N			
Name of Renter: Date of Rental:	Time of Rental:		
Address:			
City:	State:	Zip:	_
Phone:		Number Of Swimmers:	
Email:			
	POOL RENTAL P	<u>OLICIES</u>	
Rental is minimum	of 1 hour or per 1/2 hour there afte	r. (\$40.00 Deposit is required to reserve date	<u>‡</u>)
Rentals are for th	ne time specified by RENTER	. Renters must set up and take do	wn
during the specif	ried time ONLY. (This is to inc	clude cake and presents.) Initial	
(No one wil	Il be allowed in building no earlier	than 5 mins before specified time)	
** Cost** 1-24 People Resident = \$85.00 Non-Resident = \$105.00 25-49 People Resident = \$100.00 Non-Resident = \$120.00 or addition People please contact the Stayton Pool. It is understood that: the Santiam Family Memorial Pool reserves the right to efuse or cancel this reservation, if in their opinion it is in the best interested of the public to do so; Renter/organization will e held directly responsible for damages, breakage, or vandalism while on the pool premises; This is a public faculty located on ublic 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: (deposi	t)= Total Amount Due:	
Date of Applicat	ion Staff Init	ials: Put on Calendar \	//N