



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.

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 _____

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 26 additional guards will need to be provided at a cost of \$15.00 per hour per guard.

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

For addition People please contact the Stayton Pool. 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 faculty 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 suck 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

Signature _____

Date _____

Print Name _____

For Office Use Only: Total: _____ - (deposit) _____ = Total Amount Due: _____
Date of Application _____ Staff Initials: _____ Put on Calendar Y / N