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City of Lynchburg
Parks and Recreation Department
301 Grove Street
Lynchburg, VA 24501
www.LynchburgParksAndRec.com
(434) 455-5858

MILLER PARK POOL RENTAL PERMIT

Name of Applicant: _____

Day Phone No: _____

Address: _____

Street

City

State

Zip Code

Dates of proposed Activity: _____ to _____

Times: _____ to _____

Estimated Attendance: _____

RENTAL FEES:

\$300.0 Groups of up to 125 people
\$350.00 Groups of 126-200 people

PLEASE READ & INITIAL:

_____ The person or persons to whom the permit is issued shall be responsible for any and all damage to Park and City property and shall assume the defense of and indemnify and save harmless the City, its employees, and officers from and against any and all claims, liabilities, judgments, costs, causes of action, damages and expenses whether in law or equity or otherwise, and shall pay all attorney's fees, court costs and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its employees and officers for reason of damage to property, personal injury or death of any person rising from the applicant's use of the City Park or other City facilities. The Director, with the concurrence of the City Attorney, may require such public liability insurance as he/she deems to be necessary to protect the interest of the City.

_____ I have received a copy of the pool rental rules and understand that I am responsible for ensuring that my group and I adhere to these rules. I am also aware of and agree with the inclement weather policy as it may have an effect on the ability to actually use the pool during the rental and that I will be responsible for paying for time that is spent waiting outside of the pool due to the inclement weather.

I have read and understand the above statements. My signature below indicates I agree to the terms listed.

Signature of Applicant: _____

Date: _____

The Lynchburg Parks and Recreation Department complies with the Americans with Disabilities Act for qualified individuals. If reasonable accommodation is needed, please tell us upon registering and at least ten days prior to the event.

OFFICE USE ONLY

Permit No. _____

Date Submitted: _____

Approved? Yes No

Insurance Permit Yes No

Date Received _____

Total Amount Due _____

Paid? Cash Credit/Debit

Check _____

Receipt No. _____

Comments _____

Staff Initials _____

Note: Rentals are for a two hour time slot, which includes up to 1 hour and 45 minutes of swim time. All groups and individuals must adhere to the pool rental rules.