



POOL RENTAL PERMIT

NO. _____

NAME OF APPLICANT: _____ DAY PHONE NUMBER: _____

ADDRESS: _____
Street City State Zip Code

NAME OF PERSON, PERSONS, CORPORATION, OR ASSOCIATION SPONSORING THE ACTIVITY: _____

DATE(S)/TIME REQUESTED: _____ ATTENDANCE: _____

FEE: \$400 - Groups of up to 75 people

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.

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, judgements, 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 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. _____
Signature of Applicant Date

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

FOR OFFICE USE ONLY

Date Request Received: _____ PERMIT GRANTED PERMIT DENIED BY _____

COMMENTS/CONDITIONS: _____

CERTIFICATE OF INSURANCE REQUIRED YES – Amount of Insurance Required \$1M NO

Date Insurance Certificate Received _____

Total Amount Due \$ _____

How Paid: Cash Check # _____ Credit Card Amount Paid: _____

Date Paid: _____ Receipt # _____ Permit # _____ Staff Initials: _____