

CASCADE SWIM CENTER POOL RENTAL AGREEMENT

Date Requested _____ Hours _____ am/pm To _____ am/pm
 Estimated number of People _____ Type of Activity: _____
 Name of Organization (if applicable): _____
 Person in Charge: _____ Home Phone # _____
 Address: _____ Work Phone # _____
 Email Address: _____

FEES:

Time/Guests	Pool only	Pool / Wading pool	Full Use <i>(Includes spray park)</i>
1 hour / 39 or less	\$75.00	\$90.00	\$110.00
1 hour / 40-79	\$100.00	\$115.00	\$135.00
1 hour / 80-119	\$125.00	\$140.00	\$160.00
2 hour / 39 or less	\$115.00	\$145.00	\$175.00
2 hour / 40-79	\$140.00	\$170.00	\$200.00
2 hour / 80-119	\$165.00	\$195.00	\$225.00

Wading pool / Spray Park Rental

1 hour / 30 people max	\$75.00
2 hour / 30 people max	\$140.00

Inflatable Water Toys:

The Rock (Deep-end inflatable climbing wall/slide, no non-swimmers, no life-jackets allowed) **+\$30/hr**

Additional Rental Options

Cosmic Party (“Lagoon lighting, Disco light and music)
 + **\$30/hr** (PM rentals only)

As an official representative of the above-mentioned organization/event, I agree to the stated rates, provisions, pool rules and safety guidelines. Fees for this activity are to be paid at the time this application is signed, prior to use.

As a representative of the above-named organization/event, I do assume all risks and hazards incidental to conduct of this activity; and do further hereby release, absolve, indemnify and hold harmless the organizers, supervisors, the Redmond Area Park and Recreation District, it’s directors, employees, and agents from any injury, whether to person or property. In case of personal injury to participants, I hereby waive all claims against the organizers, the Redmond Area Park and Recreation District, or any of the supervisors appointed by them.

Signature _____ Date: _____
 *A signature must be received in order to reserve the pool.

FOR OFFICE USE ONLY

Approved by: _____ Receipt # _____