

# Hanson Aquatic and Wellness Center Rental Agreement for Organizations and Family Groups

Date: \_\_\_\_\_

Please check the Facility/Facilities that you are applying for:

	Pool	Gymnas	sium
Organization/Family	Group Name:		(hereafter referred to as Lessee)
Contact Person:			
			Email Address:
Phone:		Alternate Phone:	
Event Planned:			
			Number in Group:
Single Rental Date:		Time In:	Time Out:
Door Exam	s open 30 minutes befor	urs of gym access, with an ov e the event and lock 30 minu :00 p.m. and Gym 1:00 p.m. l lock at 3:30 p.m.	tes after the event.

#### **RENTAL BILL**

Facility	# of Hours	Rate	Amount
Rental Combo Individual/Family		\$165.00	
Pool Individual Family Additional Hours		\$65.00	
Gym Individual Family Additional Hours		\$50.00	
Rental Combo Non-Profit Organization		\$195.00	
Pool Non-Profit Organization Additional Hours		\$75.00	
Gym Non-Profit Organization Additional Hours		\$60.00	
Rental Combo For-Profit Organization		\$250.00	
Pool For-Profit Organization Additional Hours		\$100.00	
Gym For-Profit Organization Additional Hours		\$75.00	
	TOTAL		
Rental Deposit (Separate Payment)		\$90.00	
Lifeguard Fee		\$20.00	To be paid separately to lifeguard

Filling Homes can provide a certified lifeguard for the pool rental or the Lessee may provide their own. If the Lessee chooses to provide their own certified lifeguard, that individual will need to contact Filling Homes Aquatic Coordinator prior to the event for an in-service on Filling Homes policies and procedures.

Rental Notes:

### CANCELLATIONS

Filling Homes reserves the right to cancel any reservations, in which case, the contact person would be notified as soon as possible, and a refund will be provided. Cancellation made by the lessee 24 hours prior to the scheduled event will receive a full refund. Cancellations made with less than 24-hour notice will be refunded ½ of the rental amount unless due to inclement weather. Failure to notify Filling Home of cancellation will result with no rental refund.

## **RELEASE OF LIABILITY**

(You must be able to give informed consent to hold Filling Home harmless in the event of injury and/or death while using our facility. If Filling Home questions the ability of individuals to give informed consent Filling Home reserves the right to refuse service.)

Lessee understands and agrees that there are risks, both foreseeable and unforeseeable, associated with any use of the pool/gymnasium. Lessee willingly and knowingly assumes all risks for participants, including injury that may result in death to me and/or other participants OR damage to my property and/or participants property. Lessee will hereby waive and release any and all rights and claims for damages against Filling Home. Lessee hereby understands and agrees that neither Filling Home, nor it's respective corporations, officers, directors, employees, agents, members, or volunteers, shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury suffered during, or resulting from, participation in this rental event, whether or not damage or loss is due to negligence of the participants. Lessee also waives and releases any and all rights and claims by heirs, executors, and/or administrators.

Parents, family groups or the responsible parties, are responsible for supervising the adults and/or minors they bring. I hereby acknowledge that my event participants are medically capable of attending this rental event.

Authorized Signature:	Title:	Date:
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## For Office Use Only

#### **RENTAL PAYMENT RECEIVED:**

 Date:
 Cash:
 Check #\_\_\_\_\_

 Deposit Received Date:
 Cash:
 Check #\_\_\_\_\_

FMHM3/08/Rev. 4/14/Rev. 8/16/Rev. 1/18/Rev. 7/24