

WEST MIDLAND FAMILY CENTER POOL RESERVATION APPLICATION

Staff Person Taking Reservation: _____		Date Request Made: _____
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Rental Date(s) Requested: _____		Rental Time(s) Requested: _____
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GROUP CONTACT PERSON INFORMATION

Name and Type of Organization: _____

Name of Group Contact Person: _____ Phone: _____

Address: _____ Email Address: _____

City: _____ State: MI Zip: _____

Person who will be in charge on the day of rental: _____ Phone: _____

Email Address: _____

RENTAL CHARGES	LIABILITY INSURANCE INFORMATION
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POOL \$80.00 per hour for up to 30 people _____x_____	\$ _____	TIME NEEDED: _____	Insurance Company: _____
POOL Add \$20.00 per hour for every 20 people over 30 _____x_____	\$ _____		
SETUP \$12.50/hr for setup _____x_____	\$ _____	TIME NEEDED: _____	Insurance Policy #: _____
ADD STAFF Add'l \$10.00/hr for outside normal bdg hrs _____x_____	\$ _____	TIME NEEDED: _____	Copy of Policy Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
EQUIPMENT: _____	\$ _____	RENTAL POLICIES SIGNATURE	Comments: _____
OTHER: _____	\$ _____	agree to abide by all WMFC Rental Policies	
DAMAGE DEPOSIT _____	\$50.00	SIGNATURE: _____	

EQUIPMENT REQUEST

Equipment requests may or may not be able to be accommodated for an additional charge. Please note all equipment requests here:

PAYMENT SECTION

Damage Deposit	\$50.00	***May be paid by separate check.	
Total Pool Rental:	\$ _____		Office Use Only: _____ Building Calendar Updated. Date/Initials: _____ _____ Deposit Returned. Date/Initials: _____ Comments: Amount Payment Received: \$ _____ Staff Initials: _____ Check # _____ Receipt # _____ Date Pd: _____
Total Additional Pool Rental Fees	\$ _____		
Total Additional Set Up Fees	\$ _____		
Total Additional Rental Fees Outside Normal Building Hrs.	\$ _____		
Total Other Charges	\$ _____		
TOTAL ALL CHARGES	\$ _____		

WMFC Staff Person(s) Assigned to Rental: _____

Additional Contacts Made: _____

Assigned By: _____

RENTAL POLICIES SIGNATURE AND AGREEMENT

I agree to abide by all WMFC Pool Rental Policies and I acknowledge that failure to do so may result in the cancellation of my event and no refund. INITIALS:

I understand that the use of WMFC facilities will be within the hours designated; that the organization, whose representative has signed below will be responsible for any damage caused to WMFC property or loss of equipment during this rental. I understand that the premises will be used for a lawful purpose and in accordance with the rules of the Center. I understand that any facilities or equipment used by the rental group will be left in the same condition as found. I am aware that I am involved in every recreational activity, but I choose to engage in this activity with full knowledge of the dangers involved. I understand that the Center shall not be liable for any damages arising from injuries that I may sustain or for which I am in charge of supervising. I fully release and discharge the Center, its affiliated entities, its employees, its contractors and its agents from any and all claim, demands, damages, causes of action, present or future, whether the same are anticipated, that may result from or arise out of my use or my groups use, or intended use of the WMFC facilities and/or equipment. Further, I agree that any equipment that I, or my group uses, on the premises or borrow or rent for our activities, I use at my own risk. The Center makes no warranties regarding said equipment. The terms of this agreement shall also bind my family members, heirs, personal representatives, and trustees. I understand that this agreement, that supersedes any other agreement or representations. If I wish to cancel this contract, I must notify the Center in writing, and any such cancellation shall only be prospective. I am legally competent to sign this release.

Signature: _____ Printed Name: _____ Date: _____

RENTAL CONTACT PERSON INFORMATION

Signature: _____ Date: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

NAME OF PERSON SUPERVISING ACTIVITY: _____

THIS RESERVATION IS NOT CONFIRMED UNTIL AN AUTHORIZED STAFF PERSON HAS SIGNED BELOW AND RENTAL FEE HAS BEEN PAID.

NAME: _____ DATE: _____