

## WEST MIDLAND FAMILY CENTER POOL RESERVATION APPLICATION

Staff Person Taking Reservation: Renee Allen

Date(s) and Time(s) Requested: \_\_\_\_\_ Date Request Made: \_\_\_\_\_

Name and Type of Organization: Private Pool Party

Authorized Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MI Zip: \_\_\_\_\_

Person in charge day of rental: \_\_\_\_\_

### USAGE RATES FOR OUTSIDE GROUPS

Rental Rate:	_____
Pool \$60.00 per hour for up to 30 people	_____
Pool Add \$20.00 per hour for every 20 people over 30	_____
\$75.00 Damage Deposit	_____
Equipment Rental Fee	_____

### ADDITIONAL NEEDS/REQUESTS/RATES

\$13.00/hr for setup	_____
Add'l \$10.00/hr for rentals outside normal building hours.	_____
Additional \$15.00/hr for additional supervisor	_____

### EQUIPMENT REQUEST

Equipment requests may or may not be able to be accommodated. There may be an extra charge applied to the rental for equipment. Please note in the space below all equipment that you would like for WMFC to provide:

\_\_\_\_\_

### PAYMENT SECTION

DAMAGE DEPOSIT:	<u>\$75.00</u>
TOTAL POOL RENTAL:	\$ _____
ADD'L POOL RENTAL FEES:	\$ _____
ADD'L SET UP FEES:	\$ _____
ADD'L RENTAL OUTSIDE BUILDING HRS.	\$ _____
ADD'L SUPERVISOR FEE:	\$ _____
OTHER:	\$ _____
TOTAL CHARGE	<u>\$ _____</u>

<b>Office Use Only:</b>	
_____ Building Schedule Updated. Date/Initials: _____	
_____ Reservation Form Mailed. Date/Initials: _____	
_____ Deposit Returned. Date/Initials: _____	
<b>Payment Received:</b>	
Check # _____	Date Pd: _____
Cash _____	Staff Initials: _____
<b>Other Contacts Made:</b>	

WMFC Staff Person assigned to Rental: \_\_\_\_\_ Assigned By: \_\_\_\_\_

It is understood 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 of equipment during this course of occupancy; 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 there are dangers 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 might sustain, or for injuries of those whom 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 they be known, anticipated or unanticipated, 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 from the Center during 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, personal representatives, and trustees. I understand that this is a binding contract, 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: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF PERSON SUPERVISING ACTIVITY: \_\_\_\_\_

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

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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**PAID.**