



TREMONT AREA PARK DISTRICT POOL GROUP RENTAL FORM

DATE _____

Name _____ Email _____

Address _____ City _____ Zip _____

Home # _____ Cell # _____ Work # _____

POOL PARTIES

The Tremont Community Swimming Pool is available for private rental:

Monday – Sunday from 7-8 pm or 7-9 pm

Saturday from 10-11:30 am

- Please note the pool is not available for rental on the morning of June 25th or the evenings on June 8th-10th or July 4th or August 12th.
- \$50 additional charge for parties over 200 people
- If you do not reserve the concession stand, concessions will not be available during your party. You are allowed to bring in your own concessions in shatter proof containers.

<u>Number of People</u>	<u>Resident</u>	<u>Non Resident</u>	<u>Fees</u>
0-50	\$90/hr	\$102/hr	_____
51-100	\$114/hr	\$138/hr	_____
100-150	\$138/hr	\$162/hr	_____
151+	\$162/hr	\$186/hr	_____
Concessions - YES \$15/hr			_____
			Total Fees \$ _____

Paid by Cash or Check # _____ Balance \$ _____ Balance Due by ___/___/___

Date of Party _____ Time _____

A deposit of 50% of the rental fee must be paid at the time of the reservation.
Reservation will not be accepted without a deposit. The remaining balance must be paid **at least one week prior to the event.** Failure to do so may result in cancellation of the event.

PLEASE READ, SIGN, AND DATE BACK OF FORM

WAIVER AND RELEASE

Please read this form carefully and be aware in registering yourself, your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program. As a participant in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants and employees. I do hereby full release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries including death, damages and losses sustained by me or my minor child/ward and arising out of , connected with or in any way associated with the activities of the program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I hereby consent to the use of my photograph in the Park District brochures, publications, slide presentations, etc. I have read and full understand the above Program Details and Waiver and Release of all Claims.

1. Street clothes are not permitted in the pool.
2. Toddlers not potty-trained must wear a swim diaper in the pool.
3. Only coast-guard approved life vests are permitted.

Signature of Participant or Parent/Guardian

Date

Mailing address: Tremont Area Park District 22522 IL Route 9 Tremont, IL 61568
Phone number: (309) 925-3811