

Selah Aquatic Center Rental Contract 2026

509-698-2420 www.selahaquaticcenter.org 214 S. 3rd Street, Selah, WA 98942

Date submitted: _____ Name: _____

Contact Information: Address: _____

City: _____ State: _____ Zip: _____

Phone: (Cell) _____ (Home or work) _____

Two people to help clean up: 1. _____ 2. _____

Date(s) Requested: _____ Time: _____ to _____

Number in group: _____ Type of Event: _____ Area rented: _____

Full Facility - Prices are per hour.

Under 30 people in facility	\$135
30-59 people in facility	\$165
60-89 people in facility	\$195
90-119 people in facility	\$225
120-149 people in facility	\$255
150-179 people in facility	\$285
180-209 people in facility	\$315
210-239 people in facility	\$345
240-269 people in facility	\$375

Lap Pool Rental - Prices are per hour, a certified program supervisor is required.

Under 40 swimmers (5 per lane) \$95 40-64 swimmers (8 per lane) \$110 65-88 swimmers (11 per lane) \$135

I understand and am aware that the use of the Bruce Buchanan Memorial Aquatic Center facility and programs involves risks and potential hazards. In consideration of participating in the facility programs and/or use of the facility, I, individually for myself, my heirs and assigns, and as a parent or guardian for any minor under the age of 18 included within this agreement, hereby release and hold harmless the Bruce Buchanan Memorial Aquatic Center, its employees, agents, directors and owners from any claims, demands or causes or action arising from the use of the facility or participation in the programs. I understand the following refund schedule if I cancel:

100% refund if cancelled 15 days or more in advance of the rental date. _____ (Initials)

50% refund if cancelled 7-14 days in advance of the rental date. _____ (Initials)

25% refund if cancelled within one week in advance of the rental date. _____ (Initials)

Total rental fee is due upon booking.

Signature of Rental Contact Person: _____ Date: _____

BBMAC Authorized Signature: _____ Date: _____

\$ _____ /hour x _____ hours = \$ _____ Credit card fee if applicable _____ Rental Fee Total _____

\$ _____ Collected On: _____ Staff Initials: _____

STAFF PERSONNEL:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____