**Selah Aquatic Center Rental Contract 2026**

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 $258

180-209 people in facility $315

210-239 people in facility $345

**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 participation in the facility’s programs and/or use of the facilities, 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 Bruce Buchanan Memorial Aquatic Center, its employees, agents, directors, and owners from any claims, demands or causes of action arising from the use of the facility or participation in the programs.

STAFF PERSONNEL:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Rental Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

BBMAC Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

**Total rental fee due upon booking.**

**Refund schedule: 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)**

**$** \_\_\_\_\_\_\_\_\_\_\_**/hour** x \_\_\_\_\_\_\_\_\_**hours = $**\_\_\_\_\_\_\_\_ **Rental Fee Total \_\_\_\_\_\_\_\_\_**

**$ Collected On:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff Initials:** \_\_\_\_\_\_\_\_\_\_\_\_

509-698-2420 [www.selahaquaticcenter.org](http://www.selahaquaticcenter.org) 214 S. 3rd Street, Selah, WA 98942