

Bruce Buchanan Memorial Aquatic Center Rental Contract 2022

Date: _____ Group Name: _____
Contact Information: Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (Cell) _____ (Hm or work) _____

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

Date(s) Requested: _____ Time: _____ to _____
 Number in group: _____ Type of Event: _____ Circle one: **Full Facility** **Lap Pool Only**

Full Facility - Prices are for the first hour, each added hour is the rate plus \$30

Under 30 people in facility	\$100
30-59 people in facility	\$130
60-79 people in facility	\$160
90-109 people in facility	\$190
120-149 people in facility	\$220
150-179 people in facility	\$250

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

Under 30 swimmers	\$65
30-59 swimmers	\$85
60-89 swimmers	\$110
90-119 swimmers	\$135
120-149 swimmers	\$160
150-179 swimmers	\$185

I understand and am aware that the use of the Selah Aquatic Center facility and programs involves risks and potential hazards. In consideration of participation in the Selah Aquatic Center 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 Selah Aquatic Center, its employees, agents, directors, and owners from any claims, demands or causes of action arising from the use of Selah Aquatic Center facilities or participation in Selah Aquatic Center programs.

Signature of Rental Contact Person: _____ Date: _____

AQUATIC CENTER Authorized Signature: _____ Date: _____

FOR AQUATIC CENTER STAFF ONLY:
 \$ _____ /hour x _____ hours = \$ _____ Extra hour fee: _____ Rental Fee Total _____
 Non-Refundable Deposit 50% of rental fee \$ _____ Collected On: _____ Staff Initials: _____
 Total Due _____ Date Paid _____ Initial _____
SAC STAFF PERSONNEL:
 1. _____ 3. _____ 5. _____
 2. _____ 4. _____ 6. _____