

Pullman Aquatic & Fitness Center

500 NW Larry, Pullman, WA 99163

Phone: 509-338-3290 Fax: 509-334-6696

Email: Aquatic@pullman-wa.gov Web: PullmanParksandRec.com

Usage Agreement (Pool Rental)

Application Date: _____ Applicants Name: _____

Address: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Organization: _____ # Adults _____ # Children _____ Age of Participants _____

Nature of Activity: _____ Date of Usage _____ Receipt # _____

Pool rentals include private pool usage in half hour time increments, with a minimum of one hour. The times available for rentals are Saturdays and Sundays 12:00pm-2:00pm or 6:00pm-8:00pm. The pool rental are listed below. Extras are also offered: Wibit, tubes and boats, party player, gift bags, and themed decorations.

Day		Time
Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>	

Option	Time/Amount	Fee	Total
Warm Pool Only (max 30)	#	\$50 per hour	\$
Lap Pool Only (first 50)	#	\$75 per hour	\$
Warm & Lap Pool (first 50)	#	\$105 per hour	\$
Per hour for up to 15 extra people	#	\$25 per hour	\$

Extras				
	Tubes & Boats	#	\$25 per hour	\$
	Party Player	#	\$20 per hour	\$
	Gift Bags	#	\$5 per bag	\$
	Wibit Setup/Takedown		\$60 per rental	\$
	Wibit	#	\$30 per hour	\$
	Additional Fees			\$

TOTAL DUE FOR USAGE	\$
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*Decorations: **Theme:** Jungle Hawaiian Under the Sea Sports Glamour Girl

Color Blue Green Pink Purple Yellow

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1. Food and non-alcoholic beverages must be served in designated areas. Glass containers are NOT permitted.
2. In case of children's (17 years and under) party, a **ratio of one adult to ten children must be in attendance**, preferably at least one adult male and one adult female.
3. Supervision: Children 7 years and under are REQUIRED to be supervised by a responsible caregiver 16 years old or older within arm's reach in the water.
4. We RECOMMEND that children age 8 to 12 years old be supervised by a responsible caregiver 16 years old or older.
5. All non-swimmers, including those wearing flotation devices, must be within arm's reach of a responsible caregiver 16 years old or older in the water.
6. Children 7 years and under and/or non-swimmers wearing flotation devices, require 1 caregiver per 5 children in the water at all times.
7. Children 7 years and under who have successfully demonstrate the PAFC/Reaney swim screening requirements may receive a wrist band for future swims. Caregivers of children with wristbands are REQUIRED to actively supervise their children. Screening requirements are Gator level entry skills. _____ Number of adults required _____ (initial)
8. The user agrees that all pool rules are applicable and will be strictly enforced. Violators may be reprimanded and/or ejected and the party may be terminated. _____ (initial)

PRIORITY I GROUPS: City, Senior, and Youth Programs sponsored by the City of Pullman and Pullman School District – **No Fee Use**

PRIORITY II GROUPS: All other groups – **Fee required**

- **REQUEST:** Must be submitted to the Pioneer Center located at 240 SE Dexter Street, Pullman, WA, 99163.
 - Request for a series of dates for daily, weekly, or monthly use must receive special approval in consideration of other potential use by Priority I Groups.
 - Ballfields/Gym cannot be reserved without a completed application and payment received at the time of booking. Advanced reservations may be limited by staff, in consideration of Priority I potential use.
 - Requests for building or field use, which is normally assigned to senior agencies or public access, must receive special approval.
 - Commercial organizations from outside the City of Pullman will not be allowed use of the fields/gym, if their intended use is considered to be in competition with local enterprise.
 - Fields/ Gym must be booked for a minimum of one hour.
- **REIMBURSEMENT:**
 - I agree to pay any additional fees for use beyond original paid reservation.
 - Applicant agrees to reimburse Parks & Recreation for any damage that result in repair to City property resulting from the Applicant's use under the terms of the Permit.
 - Groups are responsible for any damage or breakage of equipment at replacement cost. _____ (initial)
- **CLEANUP OF CITY PROPERTY:** The Applicant is responsible for clean-up of all City of Pullman premises utilized under the terms of this Permit.
 - Clean-up includes wiping surfaces, cleaning spills, bagging and pickup/remove garbage, and turning off all lights resulting from the Applicant's use of city properties as needed and complying with any other directions given by the staff of Parks & Recreation. _____ (initial)
- **NON-DISCRIMINATION REQUIREMENT:** The Applicant agrees that, during the use of this Parks & Recreation facility, _____ (Name of Organization/Applicant) will not exclude anyone in participation in, deny anyone benefit of, or otherwise subject anyone to discrimination because of the person's race, color, national origin, age or handicap.
- **EMERGENCY ACCESS:** Applicant agrees to maintain clear access across city property for emergency personnel throughout period of use of premises under the permit.
- **SMOKING/ALCOHOL:** Smoking and alcoholic beverages are not allowed at fields or in the gym at any time. _____ (initial)
- **INSURANCE:** If required by the Parks & Recreation, Applicant proof of Commercial General Liability Insurance in the amount of \$_____ combined single limits per occurrence, prior to obtaining a Special Event Permit. A copy of the endorsement naming the City as an additional insured must be attached to the Certificate of Insurance.
- **REFUNDS:** If requesting a refund the Pullman Parks & Recreation office must be notified three business days (excluding holidays) Monday-Friday, 8:00am-5:00pm prior to reservation. You must talk to a Parks & Recreation employee; phone messages will not be accepted.
 - Transfer to another date.
 - Receive a refund minus a \$10 administration fee per refund voucher.
 - Transfer fee to your customer account to be used at a later date.
 - Donate the registration fee to the Care-to-Share scholarship program.
 - Refunds for \$10.00 or less may only be applied to customer account or donated to the Care-to-Share scholarship program.
 - With less than three business days' notice, but prior to the reservation start date, permit holders may receive a 50% refund minus a \$10 administrative fee; credit or transfer full value to another reservation date less any costs already incurred by the department (at no fee). If at a later date a refund is requested from account, monies refunded will be at the 50% rate plus the \$10 processing fee. No monetary refunds will be granted the day the program/reservation starts or after permit holders may transfer (prorated value) to another session/date or to customer account as long as class minimums are maintained.

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- **PHOTO:** I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any City of Pullman informational or promotional use. _____(initial)
- **HOLD HARMLESS:** To the maximum extent permitted by law, Applicant agrees to defend, indemnify and save harmless the City, its appointed and elected officers, employees, agents and representatives, from and against all loss or expense, including but not limited to judgments, settlements, attorney fees, and costs for bodily injury, death or property damage, by reason of the acts of any and all agents and representatives, arising out of any act or omission under or in connection with the use of this Pioneer Center Lease agreement, except only such injury as shall have been occasioned by the sole negligence of the City, its appointed and elected officers, employees, agents or representatives. To the extent any of the damages referenced herein were caused by or resulted from the concurrent negligence of the City, its elected and appointed officers, employees, agents or representatives and the Applicant, its officers, or employees, agents or representatives, this obligation to indemnify, defend and hold harmless is valid and enforceable only to the extent of the negligence of the Applicant, its officers, employees, agents or representatives. _____(initial)
- **CERTIFICATION:** The Applicant certifies that the information given in the application is correct. The undersigned further states that he/she has the authority to make this application for the Applicant and agrees that the Applicant has received and will observe the City's policies and procedures. The Applicant agrees to exercise the utmost care in the use of the facility. _____(initial)

Applicant _____ Date _____