

Swimming Pool and Play Pool Reservations
4623 T Street, Sacramento, CA 95819
Phone: (916) 808-2306 / email: aquatics@cityofsacramento.org

Contract Number _____

Applicant(s) Information

Name/Responsible Party			
Will you attend at this event?			
Company/Organization/School Name		Is this a school activity?	
Address			
City, State, Zip Code			
Driver's License or CA I.D. Number (Copy of Photo I.D. Required)			
Home Phone:		Cell Phone:	
Fax:		Email Address:	
Alternate Contact Person		Cell Phone:	
Day Phone:		Email Address:	

Activity Details (Please choose three dates, three times, and three pool choices)

Pool and/or Play Pool Choices:	Date Choice:	Day of the Week:	Time Choice: (Start ---- End)
1.	1.	1.	1. ----
2.	2.	2.	2. ----
3.	3.	3.	3. ----

Pannell Meadowview Slide: Are you planning to use? Yes No	Will you need special accommodations? Lifts are available at pools. Yes No	If yes, what accommodations will you need?
Type of Use (check one):	Private Party Swim Event*	School Party* Other*
*requires prior approval of staff	Description of Event:	
Maximum Attendance in Facility	Adults:	Youth: Total:
Will food be at your activity?	Yes No	If yes, explain:

Rules and Regulations

Initials ____ "If I, the Applicant, am not the Responsible Party, I represent and warrant that I am authorized to execute this application on behalf of the "Responsible Party."

Initials ____ I also agree that I will: (1) be financially responsible for any costs incurred by the City for damages to City property; (2) be financially responsible to reimburse City reasonable attorney fees to enforce the provisions of any contract that is issued for the activity described in this application; (3) forfeit all fees and deposits as partial compensation to the City for any costs associated with the enforcement of the provisions of the application or reservation; (4) forfeit all fees and deposits if it is determined that I have provided false information on the application; (5) be financially responsible for any City costs that exceed fees and deposits already collected by the City for enforcement of provisions related to this application or reservation.

Initials ____ All debris and trash must be removed from the permitted site immediately after the said activity. Failure to do so may require the City to call upon the City Solid Waste Department. All expenses will be the responsibility of the applicant. When the applicant uses City recyclable receptacles all rights of ownership are forfeited.

Rules and Regulations

Initial ____ "The Responsible Party agrees to fully indemnify, defend, and save harmless, the City of Sacramento, its officers, agents, employees, and volunteers from and against all actions, damages, costs, liability, claims, losses, judgments, penalties and expenses of every type and description, including, but not limited to, any fees and/or costs reasonable incurred by the City of Sacramento's staff attorneys or outside attorneys and any fees and expenses incurred in enforcing this provision (hereafter collectively referred to as "Liabilities"), to which any or all of them may be subjected, to the extent such Liabilities are caused by or result from any negligent act or omission or willful misconduct of the Responsible Party in connection with its use of City of Sacramento facilities. This shall be a continuing release and shall remain in effect until revoked in writing.

Initial ____ I hereby attest that the information contained in this application is true and correct. I understand that this is only an application and not a guarantee an activity/event will be allowed to commence. If a contract is issued, I agree that: (1) if any of the information contained in the application is found to be false; or (2) should my conduct, or the conduct of any participants or guests, not be as described in the application; or (3) should any applicable City, County, State or Federal rules, regulations, codes or laws be violated, any contract issued shall automatically become null and void and any activity associated with this reservation will immediately cease. If the activity has not yet taken place, the contract will be cancelled.

Initial ____ I agree to report any discrepancies, complaints, or concerns within 48 hours of pool use. Refund requests other than your facility deposit will not be returned if the request is made more than 48 hours after your activity. These instances can be reported by telephone at (916) 808-2306, by fax at (916) 454-3956 or through Email at aquatics@cityofsacramento.org.

Initial ____ In case of emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary.

Initial ____ Once an application is assigned/issued a contract number then the refund/cancellation policy becomes applicable. Cancellations made within 10 days of a pool reservation will be assessed a \$20 administrative fee. If the cancellation is made five (5) days or less before the activity date, the entire fee is non-refundable. Pool permit fees are due 14 days prior to your reservation date. No refunds for undesirable weather. All cancellations, adjustments or rescheduling must be submitted in writing by the applicant or responsible party listed on the "Application for Swimming Pool Use."

Initial ____ All participants must wear a swim suit. T-shirts, flotation devices, and/or toys are not allowed in the pool unless authorized by the aquatics Section. Call 808-2306 for approvals.

Initial ____ All pool rules will be enforced. Groups must follow all rules and guidelines set forth by the pool staff. Rules page enclosed.

Initial ____ Sacramento City Code section 12.72.135 prohibits smoking in all City facilities.

Initial ____ Failure to comply with any of the above at any time will result in loss of rental and forfeiture of all fees.

Agreement and Signature

I, the undersigned representative, have read the rules and regulations with reference to this application and am duly authorized by the organization to submit this application on its behalf. The information contained herein is complete and accurate.

Name (Printed)

Signature:

Date:

Refund Information for Return of Rental Deposit

Name

Address

City, State, Zip Code