CSISD Natatorium Rental Agreement Form

Family parties, group social functions, non-profit organization gatherings, etc. are acceptable rentals.

No commercial groups allowed.

Date of Party:/ Time:	Number to attend	:	
Group Name:			_
Contact Name:			_
Phone:Cell Phone:	E-mail:		
Address:			
Street	City	State	Zip
Emergency Contact:	Phone:		
I agree to the conditions and terms herein stated for premises for the duration of use and will be person might be caused by the group.		~ .	
Signature:	Date:		
(must be a legal adult)			
Witness:	Title:		

TERMS AND CONDITIONS:

- Reservations must be made at least 7 days in advance at the pool to be reserved. The total party cost must be paid at the time of reservation and an estimate of the total number in the group must be provided. The party cost may be refunded this will occur if cancellation of use is made no later than 2 weeks prior to the reservation date.
- •NO ALCOHOLIC BEVERAGES WILL BE ALLOWED IN THE POOL AREA.
- •The group is expected to leave the facility in a condition that is comparable to the condition it was found. Trash must be picked up and deposited in the trash cans provided. The group is responsible for any and all damages incurred.
- •Guards will be provided by CSISD and the group is subject to the pool rules as enforced by the lifeguards.

2hour Rental Options and Prices

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# of People	Resident Rate	
25 or less	\$150.00	
50 or less	\$175.00	
51-76	\$250.00	
77-102	\$325.00	
Extra Hour	\$125.00	



VISITOR WAIVER OF CLAIMS AND WRITTEN ASSUMPTION OF RISKS

Date: ____/____

To whom it may concern,				
The undersigned has voluntarily requested permission of the CSISD to visit and utilize the CSISD facilities and to participate in department activities. The risks involved have been explained and the undersigned has fully satisfied himself / herself concerning the nature, extent, and types of risks involved in the activity and further has familiarized himself/herself with the condition of equipment, facilities, or premises.				
In consideration of the granting of such permission, I do hereby accept any and all risk of injury or loss associated with this activity, and I do hereby waive all claims of liability against the College Station I.S.D., employee, or volunteer thereof, for personal injuries or other losses which I might incoming while this waiver is valid.				
- Must be 18 years or older to reserve the pool fac	ility.			
- All CSISD rules must be followed, and CSISD re	serves the right to refuse service to anyone.			
Visitor's Signature	 Date			
	Phone Number:			
Visitor's Name (please print legibly)				
Witness:	Title:			
I have received and agree to the terms and condition of the College State	ons as well as the Rules and Regulations for the use ion swimming pool.			
Signature:	Date:			
	Use Only			
Departmental Approval:	Date:			
Activity and risks discussed and explained by:	Date:			