

FLOWOOD FAMILY YMCA INDOOR POOL RENTAL AGREEMENT

		PLEASE CALL US AT (5 TO DOUBLE CH		
CONTACT INFORMATION ORGANIZATION/BIRTHDAY PARTY				RESPONSIBLE PARTY		
CONCTACT PHONE NUMBER CELL P			HONE NUMBER		EMAIL ADDRESS	
DATE(s) & DAY(s)	OF RENTAL	I			I	
RENTAL OPTIO	NS					
SATURD <i>A</i>	AY 8:00AM - 9:4	15AM SA	ATURDAY 10:0	0AM - 11:45AM	SATURDA	AY 12:00PM - 1:45PM
ADULT SUPERVISION CLEAN UP POLICY: No glitter or confet DAMAGE POLICY: Redamages to Premis INSURANCE POLICY YMCAs of Mississip injury of or to the Premises are a particular supervision of the Premises	ON POLICY: There me Food must be kept tit – All party decorate is responsible tes that occur during for a coppi as covered under Renter, Renter's famt tor to goods or eque	ations and food are the respo for damages to Premises th Renter occupancy of Premis hurch group or business enti r renter's General Liability Ins illy, quests, invitees, member	er 20 guests. Adul s of any kind – Cle onsibility of the re at occur during theses. ty, renter shall pro surance in the amo s, agents or emplo r equipment of str	ts are responsible for an-up is the responsi nting party – NO SMO e Renter's occupancy wide the YMCA with a unt of at least \$1,00 yees or to any persor ucture of which the P	renforcing rules in conjuncti bility of the party – No tape DKING – NO ALOCHOLIC BEV of Premises. Renter shall no a copy of its Certificate of In 0,000. The YMCA shall now on entering the Premises or the	, nails or tacks on the walls – ERAGES on YMCA premises tify YMCA immediately of any surance listing the Metropolitan be liable for any damage or
RENTAL FEES			CANCELLA ⁻	TION POLICY		
NUMBER OF	YMCA	NON-	CANCELL	ATION NOTICE	REFUND AMOUNT	
GUESTS 1-25	MEMBERS \$175	MEMBERS \$225		s in Advance	75% Refund	
26-50	\$225	\$275		ays in Advance	50% Refund	
51-75	\$275	\$325		ays in Advance	25% Refund	
	Jests includes AN			than 7 Days	No Refund	
	rdless of SWIMM				ent weather will be fully another available time.	
nature arising from or death occurring any of the Released relates to the Y act participating again any act of God force	or related to the Y as a result of the Y d Parties, and will ni tivity. I further state st doctor's advice, r tes the cancellation sonal representativ	activity. I further agree that ot aid in the institution or pr that I and/or my guests is/a for am I and/or my guests tal of the Y activity, I understan	mited to, any and I and/or my guest osecution of any s are in proper medic king medications w d that rental fees	all liabilities, claims da s will never institute a uch action or suit aga al condition to partic rhich would deter min are non-refundable. T	amages and demands arising any action or suit, at law, in ainst the Released Parties wl ipate in and complete the Yl e/their health in the particip This Release shall be binding	g from any personal injuries, loss equity or otherwise, against hich in any way involves or MCA activity and is not ation of the YMCA activity. If
SIGNATURE DA			STAFF WITNESS			DATE
swim test must we	ar a Coast Guard ap		st or Wear the Ve evice (life-vest) to	st" policy to increase be provided by the ho	safety of all non-swimmers. ost or parent of any child at	Children who cannot pass the tending pool parties. Due to
PARENT/GUARDIAN SIGNATURE				DATE		
PLEASE LIST ALL	NAMES OF MINOR (HILDREN THAT ARE ATTEND	IING THIS POOL PA	ARTY:		
		N MY FAMILY THAT ARE As the Waiver of Liability, [ove.	
PRINTED NAME OF ADULT						DATE
PRINTED NAME OF ADULT						DATE
PRINTED NAME OF ADULT			SIGNATU	TURE		DATE

PRINTED NAME OF ADULT______ SIGNATURE _____ DATE_