## **Aquatic Center Reservation Form**

ustomer Information			Today's Date:		
Last Name:	First Name:				
Home Phone:	Work Pl	hone:	Cell Phone:_		
PSC Mailing Address:		City:	State:	Zip:	
Email:					
Reservation Information	(please check	with the manage	r for available dates	and times)	
Aquatic Center Name:		Aquatic Center Phone:			
Date of Reservation:		_Start Time*:	End	Time*:	
Estimated # of Attendees:	Adult Only Party (Yes/No):Age range of children**:				
*Total time must a minimum opening and/or closing times **All children under the age Fee Structure	5.	s the appropriate sv	vim test in order to sw		
		Main Fee			
	□ \$50/l	hour 1-50	attendees		
	□ \$60/I	hour 51-1	00 attendees		
	□ \$80/1	hour 101-	150 attendees		
	□ \$115	5/hour 151 c	or more attendees		
Total Fee Calculation					
Main Fee	Total Hours			Total Fee	
\$	X		_ =	\$	
Pool Official Signature:				Date:	
Fee Transaction Informat	<u>ion</u> (For office	e use)			
Receipt #:		Payment Method (circle): Charge / Cash / Check #:			
Amount:	Received by:			Date:	

## **Reservation Agreement**

Liability & Publicity Release. In consideration for receiving permission to participate in this event, I shall indemnify, waive, release, and forever discharge the U.S. Government, the U.S. Marine Corps, the Marine Corps Community Service (MCCS), and all sponsors, medical support and any other individuals or entities connected in any way with this event from any and all claims for damages, death, personal injury or property damage and/or litigation costs/attorneys' fees, arising from or contributing to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from my participation in this event. I verify that I have full knowledge of the rigors of this event and the risks involved in participation, including but not limited to trip and fall, loss of orientation, exhaustion, dehydration, hyponatremia, fatigue, overexertion, sun or heat stroke, cold injuries, hypothermia, drowning (if water event), and any other injuries related to running and/or endurance events. I assert that I am physically fit and have sufficiently trained to complete this event. I realize medical support for this event will consist primarily of first-aid type assistance, perhaps by volunteer laypersons. This waiver and release shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with this event. I further agree to have my participation in this event videotaped and photographed, and I hereby waive and release all rights to said videotapes and photographs to MCCS for its exclusive use in publicity for and/or illustration of athletic events. I agree to abide by all decisions of MCCS and its designated officials. I have read and understand the contents of this Liability & Publicity Release.

Customer Signature:	_Date:			
Printed Name:				

**Responsibility**. The person who signs the contract will be responsible for the facility and all guests. This responsibility includes the cleaning of the facility and any supporting areas or other facilities used immediately upon the completion of the function. This includes areas such as barbecue grills, eating areas, and parking areas. This person is also responsible for the conduct of participants, as well as any damages to the facility or equipment, and will enforce all established rules of the facility.

**Pool Rules**. All pool rules will be in effect for the pool party reservation. Pool rules are posted in the facility. If you have any questions about pool rules, please ask the pool staff.

**Cancellations and Refunds**. Functions canceled due to the facility being closed shall be rescheduled or a refund will be given. Refunds will not be given for reservations when there is a "no show" or when cancellation has not been made at least seven days prior to the scheduled function. Emergency situations, such as typhoon conditions, are an exception to this rule. Aquatic facility managers will determine emergency validity on a case-by-case basis.

**Authority**. The pool staff have the authority to stop any function in the event guests do not comply with the rules. Military Police may be called, if necessary, to enforce this decision.

**Payment**. Payment is required when reservation forms are filled out and submitted by the responsible party. Any reservation requested less than fourteen calendar days from the desired function date is subject to approval based upon availability of lifeguards to handle the function. Reservations are not firm until reservation fees have been paid, and, if required, all necessary endorsements/approvals have been received.

**Alcohol**. Alcohol is not authorized in Aquatic Centers. Patrons that are under the suspicion of being intoxicated will be asked to leave the facility.

**Affirmation**. By signing the reservation form, I affirm that I have a current Status of Forces Agreement (SOFA) I.D. and state that the facility is not going to be used in conjunction with/for any Private Individual or Private Organizations monetary gain.