

2204 Washington Ave., Vincennes

812-886-3424

Vincennes Parks & Recreation Office – 812-882-1140

Rental Agreement

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Departure Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Approximate number of adults: \_\_\_\_\_\_\_\_ children \_\_\_\_\_\_\_\_

The Rainbow Beach Family Aquatic Center is available for rentals

evenings from 6:30 pm – 8:00 pm

Fees

Entire Facility - $340 for 1 ½ hours

Or your choice of any two areas\* - $190 for 1 ½ hours

*\*Pool areas include: Misty Bay Spray Park - Kids Cove Activity Pool - Dive Well/Aqua Climb Pool - Slide Tower/Lap Pool*

Payment must be made prior to, or on the day of the event.

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

Assumption of Risk: I, the undersigned, wish to use the City of Vincennes (City) Swimming Pool (Pool); I recognize and understand that using the Swimming Pool involves certain risks. Those risks include, but are not limited to, the risk of injury resulting from possible malfunction of the equipment used in the pool and injuries resulting from tripping or falling over obstacles in the pool area (\_\_\_\_) initials.

In consideration of participating in the activities which are a part of the event for which the pool has been rented, I hereby agree as follows:

 1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the City of Vincennes, The Vincennes Park and Recreation Department and their employees, contractors and agents, including their directors, officers, employees, and representatives (all of whom are hereinafter referred to as “the Releasees”);

2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my event participants may suffer as a result of my rental of the Pool due to any cause whatsoever.

3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability from any damage to property of, or personal injury to, any third party, resulting from my participation at the Pool;

 4. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

FEES AGREEMENT: I understand that this is a binding agreement and payment must be made prior to, or on the day of the event. I have read, understand, and agree to follow the policies and procedures. Cancellations must be made at least 24 hours in advance.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Facility Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*FOR OFFICE USE ONLY:*

Received From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount \_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_ Cash \_\_\_\_\_\_ Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exp. \_\_\_\_\_ code \_\_\_\_\_