

CASCADE SWIM CENTER POOL RENTAL AGREEMENT

Day/Date Requested _____ Rental Hours _____ am/pm
Estimated number of People _____ Type of Activity: _____
Name of Organization (if applicable): _____
Name: _____ Address: _____
Phone Number: _____ Email Address: _____

Pool Rental Hours:

Saturday: 11:00am-1:00pm / 5:30pm-7:30pm

Sunday: 10:00am-12:00pm / 3:30pm-5:30pm

FEES:

Time/Guests	Pool Only	Full Use(Includes Pool, Wading Pool & Spray Pad)
1 hour 39 or less	\$95 I/D / \$124 O/D	\$110 I/D / \$143 O/D
1 hour 40-79	\$120 I/D / \$156 O/D	\$125 I/D / \$163 O/D
1 hour 80-119	\$145 I/D / \$189 O/D	\$160 I/D / \$208 O/D
1 hour 120-149	\$180 I/D / \$234 O/D	\$185 I/D / \$241 O/D
2 hour 39 or less	\$135 I/D / \$176 O/D	\$165 I/D / \$215 O/D
2 hour 40-79	\$160 I/D / \$208 O/D	\$190 I/D / \$247 O/D
2 hour 80-119	\$185 I/D / \$241 O/D	\$215 I/D / \$280 O/D
2 hour 120-149	\$210 I/D / \$273 O/D	\$240 I/D / \$312 O/D

Wading pool/Spray Park rental 1 hour 39 people max \$95 I/D / \$124 O/D
2 hour 39 people max \$160 I/D / \$208 O/D

Inflatable Water Toys:

The Rock

(Deep-end inflatable climbing wall/slide, no non-swimmers, no lifejackets allowed) **\$35/hr**

Additional Rental Options

Cosmic Party (“Lagoon lighting, Disco light and music) **\$35/hr** (PM rentals only)

As an official representative of the above-mentioned organization/event, I agree to the stated rates, provisions, pool rules and safety guidelines. Fees for this activity are to be paid at the time this application is signed, prior to use. As a representative of the above-named organization/event, I do assume all risks and hazards incidental to conduct of this activity; and do further hereby release, absolve, indemnify and hold harmless the organizers, supervisors, the Redmond Area Park and Recreation District, it’s directors, employees, and agents from any injury, whether to person or property. In case of personal injury to participants, I hereby waive all claims against the organizers, the Redmond Area Park and Recreation District, or any of the supervisors appointed by them.

Signature _____ **Date:** _____

*A signature must be received in order to reserve the pool.

FOR OFFICE USE ONLY

Approved by: _____ Date Approved: _____ Receipt # _____
Copy of agreement to Aquatic Coordinator: _____