

CONTRACT AGREEMENT

The undersigned, herein known as the applicant, understands and agrees that he or she or the organization that he or she represents shall assume all risks for loss, damage, liability, injury, cost or expense that may occur during or as a result of their use or occupancy of the community swimming pool & facility. The applicant further agrees that in consideration of permission to use the community swimming pool & facility, he, she and/or the organization will save and hold the city of Carpinteria and/or their employees free and harmless from any loss, claims, liability or damages, and/or injuries to persons and property that in anyway may be caused by the applicants use or occupancy. The applicant further agrees to be personally responsible for any damage sustained to the grounds, building, locker rooms, furniture or equipment as a result of occupancy of the community swimming pool & facility.

CONDITIONS FOR USAGE:

1. CERTIFICATE OF INSURANCE MUST BE SUBMITTED PRIOR TO USE IN THE AMOUNT OF NO LESS THAN \$1,000,000 GENERAL LIABILITY COVERAGE NAMING THE CITY OF CARINTERIA AS AN ADDITIONAL INSURED PARTY INCLUDING THE ADDITIONAL INSURED ENDORSEMENT PAGE.
2. RESERVATIONS MUST BE MADE 10 DAYS IN ADVANCE TO SCHEDULE AND CANCELED PRIOR TO 72 HOURS OF A SCHEDULED EVENT TO AVOID CHARGES AND A SUBSEQUENT INVOICE. **(AT LEAST 72 HOURS NOTICE IS REQUIRED FOR CANCELLATIONS.)**
3. ALL YOUTH GROUPS MUST BE SUPERVISED BY AN ADULT AT ALL TIMES WHILE IN THE LOCKER ROOM AREAS.
4. SAFETY IS OUR FIRST CONCERN, ALL FACILITY USERS MUST OBEY ALL POOL RULES. NON-COMPLIANCE WILL RESULT IN BEING ASKED TO LEAVE THE PREMISIS. (SEE ATTACHED RULES)

MY SIGNATURE CERTIFIES THAT ALL INFORMATION ON THE APPLICATION IS TRUE.

I HEREBY ACCEPT AND AGREE TO THE TERMS AS SET FORTH ABOVE.

PERSON RESPONSIBLE FOR USAGE/RENTAL

DATE

BELOW FOR OFFICE USE ONLY

- REQUIRED SECURITY & DAMAGE DEPOSIT \$100.00** **DATE PAID:** _____
- GROUP OF 100 PERSONS OR MORE**
LOCKER ROOM CLEANING SERVICE FEE \$200.00

_____ HOURS x \$_____ RATE = \$_____ + \$_____ CLEANING = \$_____ (TOTAL)

TOTAL AMOUNT DUE: \$_____

DATE BILLED: _____
48-48-42-6

REMARKS: _____

APPROVED BY:

Pool Superintendent _____
Date

Parks & Recreation Department _____
Date

INSURANCE CERTIFICATE RECIEVED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
FEES PAID: \$ _____	DATE: _____