



## CHAMPAIGN FAMILY YMCA & URBANA CITY POOL

689 Park Lane, Urbana, Ohio 43078 937.653.6994 / 937.653-9622 www.champaignfamilyymca.org

## **POOL RENTAL AGREEMENT**

Name of Group:	
(Person who is responsible for this group and who will be in attendance during the entire ev	vent.)
Name: Address:	
Telephone: () Alt # ()	
Email (required):	
Rental Date:/	-
Number of people expected to attend:	
Pool rental: \$100 per hour (includes lifeguards) Total \$	
\$100 NON-REFUNDABLE DEPOSIT DUE TO RESERVE THE DATE. Remaining balance meresented in advance of the party date.	nust be
NO ALCOHOLIC BEVERAGES!!!	
I do hereby accept the responsibility for the conduct of the people in attendance at th event held at the Urbana City Pool. I understand that the Urbana Parks and Recreation	e above named n Department,
Champaign Family YMCA, and their staff are in no way responsible for the loss of property of understand that if any person in this party conducts themselves in an unsafe and / or unru	or personal health.
staff members of the pool may immediately cancel the remainder of the party and the party forfeit the balance of the fee for the use of the pool. There will be no refunds unless the ren	in attendance will
the Urbana City Pool management sufficient time to cancel all workers scheduled on the interescheduling is necessary due to inclement weather, Urbana City Pool management will do	ended date. If
arrange an alternate date before issuing a refund. Refunds will be at the discretion of the	
management.	
Signature of responsible party for event	Date
Signature of Pool Management	Date
Deposit: Cash Check Credit Balance: Cash Check#	Credit