

Marinwood Pool - Recreation Swim Pool Party Application

Today's Date:	Type of Activity:		
Applicant's Name:			
Address:	City/State/Zip:		
Phone:			
Email (receipt & permit will b	e emailed to you):		
Date of Rental:			
Pool Party Area: (Choose one)	 "Patio Party Area" (Located on the patio between Tot Pool & Main Pool) "Hillside Party Area" (Located on the grassy knoll adjacent to the Main Pool Deep End) 		
Party rentals only available	on weekends. Please select time slot: 🔲 12:15-2:30 pm 🔲 2:45-5:00 pm		
Number of Adults: Number of Children:			
	hildren under 10 years of age, we require the presence of 1 adult per every 7 children. s of age, we require 1 adult per every 10 children.		
RENTAL FEES:			
 Marinwood Residents and Pool Members: \$120 / time-slot (Please be prepared to show proof of residency.) 			
Non-Residents: \$150 / tim	e-slot		
Note: If group goes over 30 people, a fee of \$3 per person will be charged the day of party.			
Additional Option: (Please check if you would like to add option)			
• Ping Pong Table (1	hr. max.) - \$5; Time:		
Security Deposit: \$50 (Refundable, if area is clear	ed-up and left in satisfactory condition.)		

On Day of Rental:

- 1. Applicant will check in with the Senior Guard on duty.
- 2. All pool party participants will sign in at the pool front desk. (Participants include all adults and children in attendance)
- A safety talk and swim test will be administered by lifeguard staff for your party. Non-swimmers are required to have adult supervision in the water at all times. Lifeguards will determine swimming ability and where participants may swim in the pool.
- 4. At the end of your event, please check out with the Senior Guard on duty to ensure that the cleanup procedures have been completed and any additional participants have been paid for. Failure to check out with Senior Guard may result in loss of deposit.

Conditions:

- 1. Applicant must be at least 18 years of age.
- 2. The applicant whose signature appears on the rental application should be present for the duration of the event. If the applicant cannot be present, a designated person needs to be listed on the contract.
- 3. No refunds for cancellations made less than one week prior to use. If there is rain on the day of the rental, it is up to applicant to email the CSD on the next business day requesting a refund. Email csd@marinwood.org
- 4. The Marinwood CSD reserves the right to cancel any reservation for emergencies. All fees will be refunded if cancelled by Marinwood CSD.
- 5. Food may be brought into the pool area.
- 6. **No glass, alcohol or personal BBQ's are allowed in the pool area.** Pool staff will check all coolers for unacceptable items.
- 7. Smoking is prohibited.
- 8. No amplified music is allowed in pool area.
- 9. Only Coast Guard approved flotation devices are permitted in the pool. Any child wearing a personal flotation device must have adult supervision at all times.
- 10. No toys are allowed in the pool.
- 11. All decorations and trash must be removed and put in receptacles by the end of your designated rental time.
- 12. Pool staff cannot guarantee the operation of the waterslide during your rental.
- 13. Security deposit will be forfeited if any of the above conditions are not met.

Agreement:

I have read the policies, rules and regulations governing the use of the Marinwood Community Services District Group Picnic Area and agree to comply with each of them as a condition of use for the activity indicated on the application. Furthermore, the applicant agrees to indemnify, defend, and hold harmless the Marinwood Community Services District, its officers, employees, agents, and licensees (individually and collectively) from all claims, lawsuits or legal liability for injuries to persons, including death, or to property arising out of or in any way connected with the use of the premises rented herein or the activity for which this permit is issued.

Applicant's Signature: _____

Application Approved on:	Ву:		
Rental Fee:		\$	
Ping Pong (if applicable) - \$5:		\$	
		TOTAL DUE: \$	
Security Deposit: \$[Date Paid:		
Security Deposit paid by (please check	_ Credit Card		
Security Deposit returned/shredded on:			
	•	D office during office hours, M-F, 9am-5pm. If a credit y of the above policies were not followed. Credit card	
Credit Card # Security Code: ((3 digits in back of card)	Exp. Date:	
		Billing Zip Code:	

Date: