



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Tiftarea YMCA Usage Agreement
Stafford Aquatic Center

I, _____, hereby submit this request on behalf of _____ for the use of the pool at the Tiftarea YMCA Stafford Aquatic Center for the following:

_____ / ____ / ____ from ____ AM/PM until ____ AM/PM.
Day of week Month/day/year

Phone Number: _____

- The rental fee for each facility during REGULAR member open swim is for 2 hours and is as follows:

Use of all three pools, pavilion area, and restrooms:

\$150.00 Members \$250.00 Non-Members

- The rental fee for PRIVATE use only is for 2 hours on Wednesday, Thursday, or Saturday from 6:00-8:00pm or Sunday from 5:00-7:00 and is as follows:

Use of all three pools, pavilion area, and restrooms:

\$250.00 Members \$325.00 Non-Members

- The rental fee for a bouncy house is: \$150 for members and \$175 for nonmembers. You can get a discount of \$50.00 off rental with a PRIVATE pool party as follows:

Use of all three pools, bouncy house, pavilion area, and restrooms:

\$350.00 Members \$450.00 Nonmembers

- Rental for more than the allotted 2 hours time frame will be contract based and the fee charge will be assessed by the Aquatic Director based on the number of participants and the time.
- Pool party reservations can come 15 minutes before time to set up for party.
- All guests attending the Pool Party, including both adults and children, are required to sign in on the Pool Party Sign-In Sheet upon arrival at the front desk.
- All children 11 and under wishing to use the Lap/Competition Pool Must complete a swim test administered by a YMCA Staff/Lifeguard prior to use. NO EXCEPTIONS!

A Non-Refundable deposit of \$25.00 is required for reserving a pool and must be paid when contract is turned in to the YMCA office. This \$25.00 is taken from the above prices, it is not an additional fee.

- Each additional 25 swimmers adds an additional \$25.00 to the cost of the party

Please check the numbers of swimmers to be present at the party:

_____ less than 25 to _____ 25 to 50 _____ 50 to 75 _____ 75 to 100 _____ over 100

INDIVIDUAL/REPRESENTATIVE SIGNATURE

DATE

YMCA STAFF/ADMINISTRATOR SIGNATURE

DATE



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GENERAL RELEASE AND WAIVER OF LIABILITY

PARTICIPANT NAME: _____
PROGRAM NAME: _____ PROGRAM DATES: _____

This is a legally binding Consent Form and Release of Liability made voluntarily by me, undersigned Release or, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns to the Tiftarea YMCA.

The undersigned hereby acknowledges that participation in the above named event involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of the Tiftarea YMCA allowing the undersigned to participate in this event for which or in connection with which the Tiftarea YMCA has made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release and forever discharge Tiftarea YMCA and the Board of Education, its members individually, and its officers, coaches, and employees of any and from all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from my participation in or in any way connected with the above named activity.

In an emergency, I acknowledge that I am solely responsible for medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for the participant's immediate care.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me, I hereby fully and forever release and discharge Tiftarea YMCA, its officers, employees, and insurers including any self-insurance funds of the State from any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

I understand that the acceptance of this release and waiver of liability by the Tiftarea YMCA shall not constitute a waiver in whole or in part of sovereign immunity by said Board, its members, officers, agents, and employees.

I have read the above carefully before signing. Further, I understand that this release and waiver of liability shall be effective for a period of time for the dates listed above.

Signature

Date

Signature of parent/guardian (if under 18): _____

(Please Print)

IN CASE OF EMERGENCY NOTIFY

NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____