



REHABILITATION INSTITUTE OF SOUTHERN CALIFORNIA

POOL RESERVATION/AFTER HOURS CONTRACT

Name of Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Organization (if Applicable): \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Event Contact Person: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Date of Event: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

Hours of Use (2 hours minimum) \_\_\_\_\_ AM /PM to \_\_\_\_\_ AM /PM Total hours: \_\_\_\_\_

Purpose or Nature of Use: \_\_\_\_\_

**Payment:**

1. A 50% deposit of total amount is due at the time of registration. Balance is due seven (7) calendar days prior to the event.
2. Payments accepted less than 30 calendar days prior to use must be paid in full, in cash or credit card (Master Charge or Visa only) no checks will be accepted.
3. Forfeiture of all deposits will apply if a cancellation is made less than fourteen (14) calendar days before the event.
4. An additional \$30.00 fee will be charged in the occurrence of re-scheduling the date and or time of a reserved event.

**Rules and regulations:**

1. Every child under the age of four (4) years old must be attended to by an adult within arms distance in the water (one-on one supervision)
2. Smoking is prohibited inside the facility.
3. No glass containers or alcoholic beverages in the pool area at any time.
4. The applicant must accept responsibility for the actions of all participants and areas of the facility including the restrooms.

Applicant specifically agrees that RIO, its officers, employees and agents shall not be liable for any claim, demand or loss of any kind resulting from or related to applicant's use of the facilities or activities within or off the facilities premises, or applicant agrees to hold RIO harmless from the same.

**I have read and understand the rules and regulations and agree to follow them.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\* FOR OFFICE USE ONLY \*\*\*

Balance: \$ \_\_\_\_\_ Date Paid \_\_\_/\_\_\_/\_\_\_ Type of Pmt. \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Date Paid \_\_\_/\_\_\_/\_\_\_ Type of Pmt. \_\_\_\_\_

Aquatic Director Signature \_\_\_\_\_ Date Approved: \_\_\_\_\_