POOL USE APPLICATION
Carpinteria Community Swimming Pool

CITY OF CARPINTERIA
5775 CARPINTERIA AVENUE
CARPINTERIA, CALIFORNIA 93013
(805) 684-5405 ext. 432

***Located at*:**
5305 Carpinteria Avenue
Carpinteria, CA 93013

DESCRIPTION OF INDIVIDUAL

Name: _____ Date: _____
Last First

Address: _____ Phone: Hm:_____ Wk: _____

_____
City State Zip

Person in charge during event: _____ _____
Name Phone

DESCRIPTION OF COMPANY/ORGANIZATION [501 (C) 3] NON-PROFIT ❑ PROFIT ❑

Name of Organization: _____

Billing Address: _____

_____

Purpose of Organization: _____

Person in charge during event: _____ _____
Name Phone

DESCRIPTION OF EVENT(S)

(If the requested usage is on going in nature, a copy of your schedule is required.)

Event Date: _____Event Time: _____ Estimated Attendance: _____

Type of Event:_____

Lane Lines Configured ❑ YARDS ❑ METERS **NOTE: WATER POLO FULL COURT REQUIRES METERS**

(Changing configuration of lane lines is the responsibility of the user and must be done with the least amount of disruption to other programs in the water.)

Set-up will begin at: _____ Event begins at: _____

Cleaned up and out by: _____ Will participants pay a fee? YES ❑ NO ❑

If charging a fee, state the amount and purpose: $_____ _____

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 my 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.
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 ❑ NO ❑

FEES PAID: $_____ DATE: _____