



POOL USE PERMIT

Lake Havasu City Parks & Recreation Department
100 Park Avenue • Lake Havasu City, AZ 86403
Phone (928) 453-8686 FAX (928) 453-1133

DATE RECEIVED:

Applicant: _____
(Group Name) _____ Contact Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell: _____ Email: _____

Date(s) of Use: _____ Start/End Time: _____

Description of Use: _____

Pool Rental

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> City Use | <input type="checkbox"/> Private | <input type="checkbox"/> Commercial | <input type="checkbox"/> Non-Profit/Government Agency |
| <input type="checkbox"/> Full Facility Rental | <input type="checkbox"/> Partial Pool Rental | <input type="checkbox"/> Lane Rental | |
| <input type="checkbox"/> Soaker Pool | <input type="checkbox"/> Soaker Pool/Whirl Pool | <input type="checkbox"/> Slide | |

Cost _____ X _____ # of hours = _____ Estimated Number of Attendees _____

Groups are welcome to come 15 minutes prior to start of the scheduled rental time to se-up. NO CONFETTI OR PINATAS PERMITTED INSIDE THE FACILITY. Food & beverages are permitted in the facility with the exception of glass containers & alcohol. Refunds require Director approval.

To the fullest extent permitted by law, Applicant agrees to indemnify, defend, save, and hold harmless Lake Havasu City, its departments, agencies, boards, commissions, officers, officials, agents, volunteers, and employees ("Indemnatee") for, from, and against any and all claims, actions, liabilities, damages, costs, losses, or expenses (including, but not limited to, court costs, attorneys' fees, and costs of claim processing, investigation and litigation) to which any Indemnatee may become subject, under any theory of liability ("Claims") to the extent that Claims are caused by the negligent acts, recklessness, or intentional misconduct of the Applicant arising out of or as a result of use of the facility. Applicant agrees to be responsible for primary loss investigation, defense, and judgement costs where this indemnification is applicable.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Total Due: _____ Cash/Check/Charge: _____ Receipt #: _____

Approved by: _____ Date: _____