

Lake Havasu City Parks & Recreation
Birthday Party Permit
100 Park Ave. Lake Havasu City, AZ 86403
Phone (928) 453-8686 • Fax (928) 453-1133

DATE RECEIVED				

Date:

Applicant Name:			
Address:	City:	State: _	Zip:
Phone:	Email:		
Up to 30 swimnFood and drinkDecorations are	n one of our designated party areas.	er and confetti.	a once facility is open.
Date:		Time: <u>12:30 -</u>	- 3:30 p.m
Party Area:	_ Upper Area #1 (Party Time)	Upper Area #2	Lower Area
Birthday Child(ren) Na	ame(s):		
	Acknowledgement ar	nd Assumption of Risks	
	ally and be aware that your signature quatic Center, you will be waiving an facilities.		
objects in the pool, and up to and including deal	use of a swimming pool carry signifi other general hazards associated wi th by drowning. Proper attire, swimm own capabilities and limitations with	th swimming. These hazard ing ability, and safe behavid	ds carry with them the risk of injury
myself and my heirs, ex Havasu City and its age facilities and equipment	use of the pool facilities, and in recognized to the pool facilities, and in recognized to the pool of	ans or representatives, and from any liability for injurie have against the City and/o	assigns, do hereby release Lake s sustained from the use of such or its agents officers, employees
activities. I also underst participating in these ac	ware that swimming and/or the recre cand that swimming activities involve ctivities and using the pool facilities w of injury or death. I am aware that	a risk of injury and even de with knowledge of the dange	eath, and that I am voluntarily ers involved. I hereby agree to
its departments, agenci- from, and against any a to, court costs, attorney become subject, under recklessness, or intentic	rmitted by law, Applicant agrees to in es, boards, commissions, officers, officers, officers, and all claims, actions, liabilities, dan ys' fees, and costs of claim processing any theory of liability ("Claims") to the onal misconduct of the Applicant arisi imary loss investigation, defense, and	ficials, agents, volunteers, a nages, costs, losses, or exp g, investigation and litigatio ne extent that Claims are ca ng out of or as a result of u	and employees ("Indemnitee") for, enses (including, but not limited on) to which any Indemnitee may aused by the negligent acts, use of the facility. Applicant agrees
Applicant's Signature		Date:	
	FOR OFFICE I	JSE ONLY	
Total Due:	Cash/Check/Charge: _	Rec	eipt #:

Approved by: