



POOL USE PERMIT

Lake Havasu City Aquatic/Recreation Division
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

City Use Govt Agency Private Commercial Non-Profit
 Full Facility Rental Partial Pool Rental Lane Rental
 Soaker Pool Soaker Pool/Whirl Pool Slide

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

Birthday Party Rental

Upper Area OR Lower Area

Birthday Package is \$83 and includes the following:

- Up to 20 swimmers; each additional swimmer will be regular price
- Two hours in one of our designated party areas
- Use of pool/slide/spray park
- Grill available upon request (user provide charcoal)
- Facility is capable of storing items requiring refrigeration

Parents are welcome to come 15 minutes prior to start of the party to decorate. NO CONFETTI PERMITTED INSIDE THE FACILITY. Food & beverages permitted in the facility with the exception of glass containers & alcohol. Refunds require Director approval. All refunds are subject to a \$15 administrative charge.

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 ("Indemnitee") 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 Indemnitee 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: _____