

Fredericksburg Pool Rental Agreement

Person or Party Renting: NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Event Date: _____

Event Time: _____

Event Purpose: _____

Cost: _____

I agree to follow all Pool Rules and to abide by all decisions made by the pool manager and / or lifeguards during this event. I understand that I am allowed to bring in my own food and drinks, however alcohol is not allowed.

I acknowledge the risk of injury, which could lead to permanent disability, or even death, is inherent in pool activity. Furthermore, I understand that the possibility of a catastrophic injury does exist even though proper rules are followed to the fullest.

I assume such risks of injury and will not hold the City of Fredericksburg, its employees, or volunteers responsible for accidents taking place during this event.

Signature of Person renting Pool

Date

Signature of City Administrator, Assistant, or Pool Manager

Date

Amount Paid with Check # or Cash on _____(Date)

Please return to Pool or mail to:
City of Fredericksburg, PO Box 318, 151 W Main Street, Fredericksburg IA 50630