

City of Gonzales
Pool Rental Agreement (updated 4/13/17)
Pool Location: 205 Elko Gonzales Ca 93926

Contact Name _____ Phone # _____
 Physical Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Function Type (i.e. birthday) _____ Child's Name _____ Age _____

Fees Worksheet

| | | |
|------------------------|---|---|
| Reservation Fee | \$50.00 (Automatic & Non Refundable) | \$50.00 |
| Private Party | | |
| # People | Guards | 4 hours |
| 1 to 50 | 2 | \$225.00 |
| 51 to 75 | 3 | \$275.00 |
| 76 to 100 | 4 | \$325.00 |
| 101 to 125 | 5 | \$375.00 |
| | | Amenities Included |
| | | Shallow Slide, Life Vests |
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| | | Extras |
| Climbing Wall | <input type="checkbox"/> | \$50 entire event |
| Lifeguards | <input type="checkbox"/> | \$15 per hour/ per guard # _____ x _____ hrs |
| BBQ Pit | <input type="checkbox"/> | \$25 entire event (includes propane) |
| | | SUB TOTAL |
| | | NON RESIDENT FEE ADD 25% of TOTAL (sub total/ 4) |
| | | TOTAL |

Waiver of Liability

Waiver of Liability : I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependant children which might arise directly or indirectly as a result, and or participation in a City of Gonzales function. I hereby indemnify, defend and hold harmless the City, its officers, officials, directors, employees and agents from and against any or all loss, liability, expense, claim, costs (including costs of defense), suits, and damages of every kind, nature and description directly or indirectly arising from participation in city sponsored activities and/or use of City Facilities. I certify that I am familiar with the contents of this relaease, that I have and understand the same, and that it is my intention by signing this release that the same be binding not only to me but my heirs, administrators, executors,and assigns.

Signature _____ Date _____

Office Use Only

Date of Party _____ Times _____
 Amount Paid _____ Cash / Check # _____ Receipt # _____
 Date Paid _____ Staff _____
 Comments _____
