



South Umpqua Memorial Pool

City of Myrtle Creek

541-863-6805

Rental Policy

- 1) Full payment and this completed form is due before the date of the rental.
- 2) The same rules shall apply during the pool rental as during public swim times. (rules are posted at the facility; additional safety rules may be implemented per lifeguard discretion).
- 3) Special equipment owned by the pool is to be used by the discretion of the lifeguards on duty. Other equipment brought by the party reserving the pool may be allowed after checking with the lifeguard.
- 4) A responsible adult (21 years of age or older) must be present at all times to supervise during the time the pool is being rented.
- 5) Refunds will not be issued if an action or incident occurs which forces the lifeguards to request that the group leave.
- 6) In the event of severe weather conditions, the lifeguard will ask the party to reschedule if possible. If not, a refund will be issued by the City of Myrtle Creek.
- 7) Cancellation of a rental must be made at least 24 hours in advance in order to issue a refund.
- 8) We require the person arranging the rental to let us know how many swimmers will be attending. It is okay to give an approximate number if there are under 50 swimmers. If there are over 50, another lifeguard will have to be staffed at an additional \$35.00 per hour. Maximum capacity rules apply.
- 9) Use of the big slide is up to the party renting the pool. If the slide is open, a designated adult is required to tend to it (enforcing all slide rules). A staff member may be requested to tend to the slide at an additional cost, which must be arranged 24 hours in advance.
- 10) Please keep in mind that the pool rental is by the hour. Your party will not be allowed in until the reserved time. If there happens to be another rental following yours, the party will be asked to leave no sooner than 15 minutes before the reserved time is up. If you have any questions or concerns before or after the rental, feel free to talk to the manager.

I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO THE POLICIES AND RULES STATED.

Print Name_____

Signature_____

Organization_____

Date_____

Phone Number_____

Date Requested_____

Time_____

of Swimmers_____

Below to be completed by staff

Payment_____

Receipt # _____

Date_____

Staff_____