## Selah Aquatic Center Rental Contract 2025

Date submitted:	Name:			
Contact Information:	Address:			
		State:Zip:		
	Phone: (Cell)		_(Home or work)	
<u>Two people to help clean u</u>	<u>p:</u> 1		2	
Date(s) Requested:			Time:	to
Number in group:				
Full Facility - Prices are per hour.				
Under 30 people in facility \$120				
30-59 people in facility				
60-89 people in facility				
90-119 people in facility				
120-149 people in facility				
150-179 people in facility			\$270	
180-209 people in facility			\$300	
210-239 people in facility \$330				
Lap Pool Rental - Prices are per hour, a certified program supervisor is required.				
	Under 40 swimme	· ·		
	40-64 swimmers (			
	65-88 swimmers (			
STAFF PERSONNEL:				
1	3			
2	4		6	
I understand and am aware that the use of the Bruce Buchanan Memorial Aquatic Center facility and programs involves risks and				
potential hazards. In consideration of participation in the facility's programs and/or use of the facilities, I,,				
individually for myself, my heirs and assigns, and as a parent or guardian for any minor under the age of 18 included within this				
agreement, hereby release and hold harmless Bruce Buchanan Memorial Aquatic Center, its employees, agents, directors, and owners				
from any claims, demands or causes of action arising from the use of the facility or participation in the programs.				
Signature of Rental Contact	Person:		Date:	
BBMAC Authorized Signatu	re:			Date:
Total rental fee due upon booking.				
Refund schedule: 100% refund if cancelled 15 days or more in advance of the rental date (Initials)				
50% refund if cancelled 7-14 days in advance of the rental date (Initials)				
25% refund if cancelled within one week in advance of the rental date (Initials)				
\$/hour xhours = \$ Rental Fee Total				
\$Collected On	: Sta	tt Initials:		