

Percy Walker Pool – Party Rental Agreement

This agreement is entered into this _____ (Today's Date), by and between the Town of Duxbury, a municipal corporation in the county of Plymouth, Commonwealth of Massachusetts, acting through its Recreation Department, (the "Town") and _____ (the "Rentee").

WHEREAS, the Rentee desires to rent from the Town of Duxbury time for the private use of the Percy Walker Pool and agrees to pay rent, therefore, the above parties do mutually agree as follows:

1. Time of use:

A. Date of the Party: _____

B. Pool Hours:

From: _____ To: _____

C. Multi-Purpose Room:

If yes: From: _____ To: _____

2. **Rent:** Basic Party Rate \$200.00 (Pool for 1 hour + Multi-Purpose Room 1 hour)

Pool Only \$180 per hour

additional Lifeguards at \$55.00/hour (to maintain 1:20 ratio)

Multi-Purpose Room additional \$17.50 per ½ hour, \$35 per 1 hour

TOTAL DUE

Deposit received (50% due 14 days prior to event)

Balance Due

- Rules, etc:** During the time of the use of the pool, the Rentee agrees that it and all persons using the pool under its rental agreement shall abide by all the rules, regulations, orders and directives promulgated by the Town and its authorized agents(s).
- Release:** The Rentee shall remise, release and forever discharge the said Town of Duxbury and any and all of its authorized agents, of and from all debts, demands, actions, causes of action, suits, accounts, covenants, damages and any and all claims, demands and liabilities whatsoever of every name and nature both of law and equity which it may have against the said Town of Duxbury or its assigns arising out of or resulting from the performance of this agreement. **THE RENTEE AGREES THAT ALL PERSONS USING THE POOL UNDER THIS RENTAL AGREEMENT SHALL EXECUTE A RELEASE RUNNING TO THE TOWN OF DUXBURY IN THE FORM PROVIDED BY THE TOWN. The release form enclosed must be photocopied so that each adult and each child using the pool may return a completed release form to the pool at the time of the rental.**
- Indemnifications:** The Rentee shall indemnify and hold harmless the Town of Duxbury agents and employees from and against all claims, damages, and expenses, including attorneys fees, arising out of or resulting from the performance of this agreement.
- Assignment:** This agreement is non-assignable.
- Termination:** This agreement may be terminated at any time by either party for any and no reason. **Any changes (including cancellations, date changes or confirmations) must be made directly with an Aquatics Supervisor.**

This agreement shall be attached to the receipts of payment. Rev. 10/5/12

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8. **Payment:** The hourly rate shall be two hundred dollars (\$200.00) per hour. A fifty percent (50%) deposit is due no later than 14 days prior to the event. If you cancel within 14 days of your date of rental, the deposit will not be refunded. Balance is due on day of event. CHECKS or credit cards ONLY! CASH WILL NOT BE ACCEPTED! Please make checks payable to “Town of Duxbury”. If payment is not received according to the terms set forth above, the Town reserves the right to terminate this contract. The rental rate is based on a rental group of no more than fifty (50) swimmers. **There will be an additional charge of fifty dollars (\$55) per hour for each group of additional swimmers 25 or less in number.** (Example: 51-75 swimmers in rental group the rental rate will be \$255 per hour, 76-96 swimmers in rental group the rental rate will be \$310 per hour.)

IN WITNESS WHEREOF, the parties below hereby execute and agree to the above written,

For the Town of Duxbury:

Aquatic Director

Date

For the Rentee:

Name (please sign)

Email:

Address

Home Phone

Cell Phone

today's date

Birthday person's name and date of birth

THIS COMPLETED CONTRACT MUST BE SIGNED AND RETURNED TO THE POOL NO LATER THAN FOURTEEN (14) DAYS PRIOR TO THE SCHEDULED POOL RENTAL TIME. OTHERWISE, THE RENTAL SHALL BE CANCELLED.

Deposit check should be made payable to the “Town of Duxbury” and must be delivered fourteen (14) days before the time of rental. Balance is due on day of event.

For office use only! Do not write below this line!!!

Release forms received: yes: no:

Deposit received:

Receipt # _____

Balance received:

Receipt # _____

Account Information

Head of Household: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

Male Female Date of Birth: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Number: _____

Other Family Members:

1: _____ DOB: _____ Relation: _____

2: _____ DOB: _____ Relation: _____

3: _____ DOB: _____ Relation: _____

Medical Alerts/Other: