

**City of Sidney
Pool Rental Application**

Group Name: _____

Responsible Party Name: _____ Phone No: _____

Address: _____

Date(s) requested: _____ Hours: ____:____ to ____:____

Description of your event: _____

Pool(s) to be used: Large Pool Intermediate Pool Baby Pool

Estimated attendance: _____

Training Rental only: Amount of people to be training: _____

Facility Use and Indemnity Agreement:

In consideration for the use of City of Sidney facilities, I hereby agree to indemnify and hold harmless the City of Sidney, its Council members, employees, or agents for any and all claims, lawsuits, or judgments that may arise as a result of the use of City of Sidney facility as proposed above.

Please have agreement and form of payment turned in five days prior to scheduled event. Cancellations must be 24 hours prior to start of event for full refund.

Please remit payment to: City of Sidney Revenue Collections
201 W. Poplar St.
Sidney, Ohio 45365

Responsible Party (PRINT Name)

Responsible Party Signature

Date

Office use only:

Manager Scheduling event: _____

Date scheduled: _____

Method of Payment: ___ Check/Cash _____ Date payment received: _____

Lifeguards on duty: _____

Which pools/slides to be used during event:

