

Loudon Water Park Reservation Form

Pool Parties are for 2 hours, the cost is \$180.00 up to 75 participants, \$200.00 76-100 participants or \$225.00 101 participants or more. (Includes pool & splash pad)

Loudon Water Park Telephone # 865-657-9518

Name _____ Phone Number _____

Address _____

Date of Reservation _____ From _____ To _____

Purpose of Reservation _____

Approximate number of guests _____ Average age of guests _____

Dues paid _____ Cash _____ Check _____ DC/CC _____ Received by _____

POOL RULES

1. Instructions from lifeguards must be followed at all times.
2. No pets allowed.
3. No food or drinks in pool.
4. No rough play.
5. No one should be sitting or standing on anyone's shoulders.
6. Children wearing floatation supports are not to enter the 9-foot area.
7. No smoking inside pool area.
8. One person at a time down slide.
9. Diving is only permitted in the 9-foot area during free swim.
10. Absolutely NO RUNNING.
11. No driving or parking on grass inside or outside pool area.
12. Cancellation of pool party 14 days or less will result in a 50% refund only.
13. Parties will not be cancelled due to rain.
14. Grills are not to be inside pool area.
15. Loudon Parks and Recreation Department is not responsible for lost or stolen items.
16. Waiver must be signed by person or persons reserving pool.
17. Loudon Parks and Recreation Department is not responsible for patrons left at pool after party is over.

In consideration for being permitted to use the City of Loudon facilities and programs, I declare as follows: I understand the nature of the activity and my own capabilities and believe that I am qualified, in good health, and proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue and agree to indemnify and hold harmless the City of Loudon, the Parks and Recreation Department, their respective agents, officers, members, instructors, volunteers, and employees from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by negligence of Releasees and I further agree that if, despite this release and wavier of liability, assumption of risk and indemnity agreement, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any liability which may incur as the result of such claim. I authorize the City of Loudon employees to apply medical treatment or to permit treatment of me as deemed necessary by them, in the event of illness or injury during participation. F/N 82115

Print

Date

Signature