

Do you require a specific pool setup?: Yes No

If Yes, please indicate _____

Will you be bringing in any person(s) or service (i.e. scuba diving, equipment, etc.)? Yes No

If Yes, please indicate _____

Do you require the use of a room? Yes No

If Yes, provide description _____

Users of the requested facility acknowledge and agree to the following:

1. Users agree to pay for any damage to the facility that occurs during the rental as a result of their activities or use of the facility.
2. Users who intend to bring in equipment or participate in an activity that the facility is not normally used for must indicate this on the Rental Request Application. The City, in its sole discretion, may determine that certain activities or equipment are not acceptable and/or may require proof of liability insurance with the "City of St. John's" being named as an additional insured (minimum of \$2,000,000 coverage). Note: use or presence of bouncy castles, combative sports, exotic animals or insects will require this insurance for the rental period.
3. The use of alcohol, tobacco and/or e-cigarettes are prohibited in City facilities.
4. Food and beverages are not permitted in the pool area.
5. Users must follow all rules posted throughout the facility.
6. Cancellations, unless by the City, must be received at least 14 days before the rental date for a refund or credit. If a cancellation is received less than 14 days before the rental date, a refund or credit will not be issues. The City may consider medical reasons or special circumstances where less than 14 days' notice is given.
7. Refunds for payments made by cash/cheque will be refunded by cheque only. Refunds for payments made by credit card will be refunded back to the same card. Refunds for payments made by debit can refunded back to the same card or by cheque. Please allow 2-4 weeks for processing.
8. Users must begin and end their rental on time. Pool rentals are generally 50 minutes long unless specified.
9. Users must meet the minimum ratios required for child to adult supervision. All children under the age of 10 must be accompanied in the water by a responsible supervisor 16 years of age or older. One supervisor may be responsible for a maximum of three children under the age of eight.

CS – Aquatics Rental Application	Community Services
Aquatic Rental Agreement continued	SECTION 4
Clean Water Healthy Swimming • Don't feed your children 2 hours before attending the swim. • If your child has diarrhea, please don't send swimming. • Take your child to the bathroom before the swimming. Make sure your infant / toddler wears a properly fitted swim diaper and please check swim diapers every 30 minutes. • Healthy pool water guidelines also suggest ensuring all bathers shower before entering the pool and avoid swallowing pool water. Thank you for helping us prevent the pool from closing. For inquiries or concerns during weekend hours, please call the H.G.R. Mews Community Centre at (709) 576-8499 or Paul Reynolds Community Centre at (709) 576-8631. I have received a copy of the Rental Request Application and the Facility Rental Contract Form, have reviewed both and agree to the terms and conditions set out therein.	
Name (please print)	Signature
Date	
Privacy Notice	SECTION 5
Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is required to process this form. Questions about the collection and use of the information may be directed to the Recreation Division Supervisor at 709-576-8631 / 576-8499 or recreation@stjohns.ca.	
Please send completed form to:	Recreation Division P.O. Box 908, 35 Carrick Drive St. John's, NL A1C 5M2 Email: recreation@stjohns.ca
For further information: Phone: 576-8631 or 576-8499 Email: recreation@stjohns.ca	

For Internal Use Only	SECTION 6
Requested booking available: Yes No Applicant Notified of Booking: Yes No Pool Booked: Yes No Aquatic Coordinator's Signature _____ Date _____	
Requested Room Available: Yes No Booked on A/N: Yes No Permit # _____ Amt. of Rental _____ Date Period _____ Insurance Certificate Attached, if required: Yes No Contract Signed and Attached: Yes No Account Representative's Signature _____ Date _____	

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA