



WEST JEFFERSON SWIM CLUB GROUNDS RENTAL AGREEMENT



PLEASE SEND TO SSTANLEY@WESTJEFFERSONOHIO.GOV

DATE RESERVED: _____ RAIN DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

EVENT: _____ # OF GUESTS: _____

DEPOSIT: _____ PAYMENT METHOD: _____ DATE PAID: _____

BAL. DUE: _____ PAYMENT METHOD: _____ DATE PAID: _____

By signing below, I agree that I have read, understand and will abide by the rules set forth in this document. I understand that I am responsible for my guests and their actions.

****No alcoholic beverages or glass containers, smoking, vaping, fire pits, or fireworks are permitted on pool property which includes the parking lot.**

****All ordinances of the Village of West Jefferson must be followed including curfew and noise ordinances.**

****Cancellation can be made up to 4 hours before the start of the party to receive a refund.**

****Parking on the grass is prohibited.**

****By signing below, I agree to release and hold harmless the Village of West Jefferson and its successors and assigns, from any and all liability, claims, and demands of whatever kind or nature, either in law or equity, which arise or may hereafter arise from my rental of the pool grounds on the date listed above as the reserve date.**

APPLICANT: _____ DATE: _____

MANAGER APPROVAL: _____ DATE: _____