



Kent County Parks and Recreation
 11041 Worton Road, PO Box 67, Worton, MD 21678
 410-778-1957 * info@KentParksAndRec.org



Pool Rental Application

Reminder: Applications for exclusive use rentals must be received by the Department no less than thirty (30) days prior to the desired rental date along with a \$100 refundable damage/clean-up deposit (this deposit is separate from the rental fee and must be made in the form of separate payment).

Requestor Information

Full Name: _____ Today's Date: _____
 Organization: _____
 Mailing Address: _____
 City, State, & Zip: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email Address: _____

Room Information

Pool Requested:
 Bayside Pool Kent County Community Center Pool Millington Pool
 2nd Choice: _____
 Date(s) Requested: _____
 Time Requested (include ending time): _____
 An additional 1/2 an hour before and 1/2 an hour after rentals are permitted free of charge for setup and cleanup.
 Please do not include these 1/2 hours in the above field.
 Event Description: _____
 Number of People Attending: _____

Rules and Regulations: Review and initial each statement

I understand it is my responsibility to follow Community Center General Policies and Pool Use Policies as "Contractor" and pledge to thoroughly review these policies prior to my scheduled use of the building.
 INITIAL HERE: _____

I am at least 21 years of age and understand I must provide Department personnel with a valid identification at the start of the permitted activity which will be kept in the Department's possession during the duration of the activity and may be copied for their records.
 INITIAL HERE: _____

I understand the Department will contact me within 48 business hours of my submission of this application and inform me of availability. If the desired rental date is available the full rental payment must be paid within 7 calendar days of receiving notification from the Department. Once the payment is received, I understand I will receive an approved Rental Contract.
 INITIAL HERE: _____

I understand I must be on-site, with the signed and approved Rental Contract for the duration of the permitted activity.
 INITIAL HERE: _____

I understand that this is a no alcohol, tobacco, controlled, or illegal substance facility.
 INITIAL HERE: _____

I understand that I am responsible for the repair or replacement of any damage incurred to the facility or its contents during the permitted activity and cleanup of the area utilized. I understand that my deposit may be retained to cover these costs and that I will be billed if the costs exceed the \$100 deposit.
 INITIAL HERE: _____

I understand that I am responsible for cleaning the facility and returning its state to its original condition (including placement of tables, chairs, etc.) and that failure to do so may result in the forfeiture of the deposit.
 INITIAL HERE: _____

I understand that cancellations must be received by the Department, during normal business hours, at least 7 calendar days prior to the event to qualify for a full refund minus a \$5 service fee. Failure to do so will result in the forfeiture of 50% of the rental fee (the full deposit will be refunded).

INITIAL HERE: _____

I understand that Kent County Parks and Recreation reserves the right to have additional lifeguards and supervision at the event for an additional cost at my expense.

INITIAL HERE: _____

I understand that these Rules and Regulations are not all inclusive and I must refer to the Community Center General Policies and Pool Use Policies for the policies in their entirety.

INITIAL HERE: _____

I understand that Kent County Parks and Recreation, Kent County Government, its elected officials and employees are absolved of all responsibility and liability for any damage, injury, or loss sustained by person or property as a result of the user's negligence or that of any member in their group.

INITIAL HERE: _____

I understand that depending upon the type and size of my rental, I may be required to furnish a valid copy of a Certificate of Liability Insurance for myself or my organization prior to final contract approval. If I or my organization does not currently possess Liability Insurance, the Department of Parks and Recreation will provide information for a company that offers Liability Insurance, which may be purchased at my or my organization's expense.

INITIAL HERE: _____

I understand that as a condition of my rental, I am required to sign an agreement indemnifying and holding Kent County, its elected officials, employees, and other workers harmless from and against all loss, costs, expense, damage liabilities, or claims, etc.

INITIAL HERE: _____

*** Please be advised that this is not an approved application until a staff member has indicated below.
* The Department reserves the right to cancel any Rental Contract.**

For KCPR Use Only

Date Request Received: _____ \$100 Deposit Received: _____

Pool Assigned: _____

Notes on when and how Requestor was notified: _____

Full Rental Payment Due: _____ Date Due (7 days after notification): _____

Date Received: _____ Form of Payment: _____ Staff Initials: _____

Notes: _____

Application

Approved Not Approved Staff Initials/Date: _____

Notes: _____

Cancelled by Contractholder on: _____ Reason: _____

Cancelled by Department on: _____ Reason: _____

Refund Information (if applicable): _____

\$100 Deposit Information:

Refund in Full Partial Refund Deposit Retained in Full

If any part of the Deposit is retained by the Department please explain: _____

If refunding any part of the Deposit please indicated date submitted to the Finance Office: _____