



# Kent County Parks and Recreation

11041 Worton Road, PO Box 67, Worton, MD 21678  
410-778-1957 \* info@KentParksAndRec.org



## Pool Reservation Application and Contract

**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:
<input type="checkbox"/> Bayside Pool <input type="checkbox"/> Kent County Community Center Pool <input type="checkbox"/> Millington Pool
2 <sup>nd</sup> 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: \_\_\_\_\_

Please be advised that this is not an approved contract until a staff member has indicated so 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: \_\_\_\_\_

**Contract**

Approved

Not Approved

Staff Initials: \_\_\_\_\_

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: \_\_\_\_\_