Fitness Center
2502 23rd Avenue
Central City, NE 68826

Birthday Swim Party Rental Agreement

Please fill out rental agreement and return to the Fitness Center along with payment. Facilities will not be considered reserved until the contract has been signed and filed with the Fitness Center Staff and the required payment received.

RESERVATION DATE: _____
TIME: _____

TIMES AVAILABLE IN 2-HOUR INCREMENTS DURING OUR REGULAR HOURS OF OPERATION. YOU MAY SCHEUDLE PARTY FOR LONGER THAN 2 HOURS – ADDITIONAL $37.50 (M) OR $62.50 (NM) PER HOUR
TIMES WILL ONLY BE RESERVED WITH FULL PAYMENT
POOL & HOT TUB CLOSE 15 MINUTES BEFORE FACILITY CLOSES

FEES: Members: $75.00
Non-Members: $125.00
Fees are determined by whether or not the birthday child is a member

What's included: Multi-Purpose Room for 2 hours **(Please leave better than you found it☺)**
Room needs to be picked up & cleared out by ending time.
Swimming during the 2 hours
"Birthday Kid" T-Shirt for the Birthday Child
Birthday Party Invitations
Up to 10 children ($2.00 for each additional child)
Parents and adults helping with supervision swim free!!
(Adult Supervision is required in the pool.
Must be 16 years old or older to be in Pool Area alone)

Name of Birthday Child: _____ Circle: Male Female Age: ____
Name of adult responsible for birthday: _____
Address: _____ City/State/Zip: _____
Home Phone: _____ Work Phone: _____ # of participants: ____
Circle membership type of birthday child: MEMBER/$75.00 NON-MEMBER/$125.00
Additional children: _____x $2.00=_____ ($2.00 for each additional child regardless of member-status)

Total Rental Fee: ____ Amount paid: _____ CC__ Cash __Check__ Staff Initials____

I, the undersigned, as legal guardian of a participant in the Merrick County Health & Fitness Center Swimming Birthday Party, hereby acknowledge the existence of and assume full responsibility for certain risks associated with this program which may cause harmless the Merrick County Health & Fitness Center. I, and all of the participants in this activity intending to be legally bound for ourselves, our personal representatives, successors, and assignors, do hereby release and forever discharge the MCHFC from any and all liability arising from illness, injury, and damages of any kind which any of our group may suffer as a result of our participation in this activity.

I have read the information provided and understand that the fees are non-refundable. I will abide by the Multi-Purpose Room Usage/ Clean-Up Policy.

_____ _____
Applicant's Signature Date