W.T. Booth Centennial Pool Rental Request Form

Requests are not considered confirmed until you receive a booking number from one of our agents, Monday-Friday between the hours of 9:00AM and 5:00PM (excluding holidays). Please email all requests to aquatics@chocolatetown.ca, or call 467-3030 x120 for more information on facility rentals.

Payment must be made 48 hours prior to the event, or the rental is subject to cancellation.

Reservations cancelled with less than 48 hours notice are subject to full charge. Cancellations must be confirmed by the Aquatics Coordinator or other management staff.

Renter Information:

Type of Event:		
Name/Organisation:	LD	ISTA
Mailing Address (Street Address, Town & Postal Coo	le):	18/0
Contact Name: Ph	ione:	Email:
Rental Type: **Rates vary based on the type of rental. Please Private Rental (standard rates apply)	inquire with the Club/Compet	
Event Booking Information:	Z	
Date of Event:		Age Range of Swimmers:
Number of Swimmers:		Number of Chaperones (if applicable to age group):
Requested Start Time:		Requested End Time:
Options Requested (no additional fees): ☐ Slide ☐ Music ☐ Divin	g Blocks (com	npetitive rentals ONLY)
Rental Rates (all taxes included):	2011	Additional Terms and Conditions:
Kentai Kates (an taxes included).	5 K L L L	
1-50 Swimmers \$105/hr		 The Municipality reserves the right to cancel at any time for any breach of terms of regulations posted onsite, including but not limited to infractions of pool rules.
51-75 Swimmers \$120/hr		 No homemade food allowed except for birthday cake/cupcakes. Food brought into the facility must be
76-100 Swimmers \$140/hr		prepared in a commercial kitchen (i.e., pizza, Subway, Pita Pit, Superstore pre-made food, etc.).
Lane Rental\$10.25/lane/hr (terms and condapply – please inquire)	litions	• All children seven (7) years and under must be accompanied by a responsible adult, sixteen (16) and over, in the water and within arm's reach always, at a ratio of two (2) children per adult. All children aged 8-11 must be accompanied by a responsible adult, sixteen (16) or older inside of the facility fencing at a ratio of six (6) children per adult.
Signature: Date:		*Please continue to the next page
Date.		I lease continue to the next page

Credit Card/Payment Information

I, the undersigned cardholder, authorize the merchant "Municipal District of St. Stephen" to charge my credit card for purchases related to reservation. I agree that my information may be saved by the merchant for future payments and understand that this can be revoked at any time with request. I understand that my card will be charged 48 hours prior to the event date and if a cancellation is not placed, in writing, prior to 48 hours I will be charged as per the Cancellation Policy, which I have read and understand. I, the undersigned understand that in case of a payment being declined, the rental will be cancelled.

Card Type: ☐ Visa	Credit Mastercar	d Credit
Card Holder Full Name:		7,6,7
Credit Card Number:	A	0
Expiration Date:	Postal Code:	CVV/CVC:
Card Holder's Signature: _		Date:
ST	STE	PHEN
	NEW BRUI	NSWICK

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Garcelon Civic Center

Liability & Waiver Form

I have read the regulations for my use of the Municipal District of St Stephen's W.T. Booth Centennial Pool Aquatics facility and agree to be bound by them.

I acknowledge that the Municipal District of St. Stephen and the W.T. Booth Centennial Pool Aquatics facility, its respective servants, agents, employees, or officials" (collectively referred to as the MDSS) are not responsible for any injury, loss or damage of any kind sustained to, or by any person while attending this rental, at the W.T. Booth Centennial Pool Aquatics Facility; including injury, loss, or damage which might be caused by the negligence of MDSS.

I agree to waive all claims that I have or may in the future have against MDSS arising out of any aspect of my participation in the programs, activities or private reservations and to release MDSS from any and all liability resulting from any loss, damage, expense or injury, including death, that I may suffer or that my heirs or assigns may suffer resulting from my participation in these programs, activities, or reservations.

By executing this document, I agree to hold MDSS harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in programs, activities, or private reservations offered.

I have read this release of liability and assumption of risk agreement for myself and others attending this private rental, and I fully understand its terms. I have been provided with the opportunity to obtain independent legal advice and I hereby waive my right to obtain Independent Legal Advice and I have signed this form freely and without duress, coercion or undue influence and knowing that I may have limited my legal recourse by doing so.

Name of Renter: _	 	
Date:	 -	
Signature:		