

Vector Aquatic Center
3289 Edgewood Road, Eureka, CA 95501
707-441-9262 www.vectorpt.org



Vector Physical Therapy
2121 Myrtle Ave, Eureka, CA 95501
707-442-6463 www.vectorpt.org

FACILITY USE AGREEMENT VECTOR AQUATIC CENTER

APPLICANT INFORMATION:

Name/Organization: _____

Telephone: _____

Email Address: _____

Mailing Address: _____

Application Date: _____

FACILITY USE REQUEST (Please check all applicable boxes and fill in blanks):

Type of Event: _____

Rental Date: _____ (Based on Lifeguard availability)

Time Requested: 11:00-1:00 2:00-4:00 Alternate Time: _____

Rental Amount: \$150.00 (2-hr period) Includes: 1 Lifeguard per 15 swimmers;

Extra Fee (as needed): \$50.00 - 2nd Lifeguard Fee: 16 to 32 swimmers

(Set-up: 1/2 Hour prior to event included in fee)

Deposit Amount: \$50.00 _____ Date Received

(Your deposit to hold the date will be applied to the rental amount)

Total Rental Fee: \$150.00 (1-Lifeguard) OR \$200.00 (2-Lifeguards)

Paid in Full: Yes _____ Date Rec'd. No _____ Balance Due

Swim Party: Number of Children: _____ Age Range: _____ Number of Adults: _____

Amenities:

Multi-Purpose Room: _____ # of Tables _____ # of Chairs

Back Lawn: Weather dependent

Additional Information / Special Requests:

Please Note: The Vector Aquatic Center does not provide refrigeration or heating for outside food/drink items.

AGREEMENT:

1. Facility rentals are subject to availability and approval by the Vector Physical Therapy & Aquatic Center CEO and/or Site Manager. Rentals do not provide access to areas not specifically included in the rented area. A deposit of \$50.00 is due at the time of booking to hold the requested date. The remaining balance is due three (3) days prior to the event. Facility rentals must be booked at least 14 days in advance. A refund of the deposit amount will not be given unless the party or rental is cancelled at least seven (7) days in advance of the event. _____ (initials)

2. Alcohol and tobacco of any kind is strictly FORBIDDEN on premises. Food and drink is PROHIBITED on the pool deck, in the pool enclosure. _____ (initials)

3. The Vector Aquatic Center will provide (1) Lifeguard per 15 swimmers for the event. A 2nd Lifeguard will be required for 16 swimmers and above and WILL NOT exceed a total of 32 swimmers. Adult chaperones are required to provide supervision of swim participants, either in the pool or on the pool deck. If a participant cannot swim, a safety device must be worn, and/or the child must have immediate supervision By parent/chaperon/care provider. Participant (non-swimmer) must be identified to Lifeguard. _____ (initials)

4. Lifeguard(s) and/or Management will remove swimmers from the water if Lifeguard to Swimmer ratio is not adhered to. For example: if you request one (1) Lifeguard and have 18 swimmers, the excess number will be removed from the pool. There are no exceptions. This is a safety issue. _____ (initials)

5. User agrees to be solely responsible for any and all liability, claims, loss, damages, costs and expenses, including attorneys' fees, arising out of or resulting from any injury to persons or damage to property which arise out of its use of Vector Aquatic Center. User agrees to defend, indemnify and hold harmless Vector Rehabilitation, Inc. and its employees, officers and agents, in its capacity as the owner of the facilities, and its employees, officers, and agents, against any and all such claims, demands, causes of action, suits and expenses, arising out of or resulting from User's use of the Vector Aquatic Center facilities. _____ (initials)

6. Vector Rehabilitation, Inc. and its employees, officers and agents are not responsible for and shall be held harmless and fully indemnified by the user for any claims arising out of accidents, personal injury, damage to or loss of personal property, or wrongful death that occur during or result partially or entirely from use of the Vector Aquatic Center. The indemnification provided by this paragraph shall cover all acts whether negligent, grossly negligent or intentional. Vector Rehabilitation, Inc. shall be allowed to select legal counsel and be reimbursed for legal costs for any matter covered by this paragraph. _____ (initials)

Signature: _____ Date: _____

Print Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Email: _____