

# Gail and Carolyn Shaw Aquatics Center

**NOW accepting 2016 reservations for your summer 2016 birthday, club or team parties. Call 36-748-0271, to rent the party room or an area on the deck!!**



<b>Dates/Times</b>	<b>Friday evenings 6-7pm ~ starting July 8<sup>th</sup></b>
<b>Cost</b>	\$125.00 for an hour ~ includes 25 guests ~ additional 10 guests can be added at \$3.00 per person. Call & pay at the Parks & Recreation office @ 1321 S Market Blvd. Payment is due at time of reservation

**Large parties can rent entire pool, minimum of 100 guest's maximum of 201, Call 360-748-0271 for prices and information**

Registration and payment should be brought or sent to:  
 Chehalis Parks and Recreation  
 1321 S Market Blvd.  
 Chehalis, WA 98532

2016 Registration form for pool rental:

✓ Please check area to rent: #1  #2  #3  #4  #5



Date: \_\_\_\_\_

Name \_\_\_\_\_ # of guests \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

I am fully aware of the special dangers and risk inherent in the activity, including physical injury, death, or other consequences that may arise or result directly or indirectly from the activity. In the event of a serious injury and we are unable to contact a parent or guardian the supervisory staff will seek emergency medical assistance. Being fully informed as to these risks and in consideration of the privilege of participating in the above-described activity, I hereby assume all risk of injury, damage and liability and waive any right of recovery from or to bring suit against the City of Chehalis, Chehalis School District, instructors, and volunteers for any personal injury, death, or other consequences arising out of my voluntary participation in the activity, except for the sole negligence of the city.

I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release; and that I join in the release without reservation, granting full consent and authorization for the above-named person to participate in the activity.

Parent/Guardian Printed Name \_\_\_\_\_ Name Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Chehalis School District does not sponsor this event and the District assumes no responsibility for it. In consideration of the privilege to distribute materials, the local school district shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials, including costs, attorney's fees and judgments or awards.

PLU 120 ~ \$125 PLU 119 ~ 200 PLU 121 ~ \$3.00  
 Date Paid \_\_\_\_\_ Amt Pd \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Receipt# \_\_\_\_\_