

**BIRTHDAY PARTIES, GROUPS AND RENTALS
AGREEMENT CONTRACT**

Lifeguards are here to ensure your safety- Please treat them with respect and obey all rules

Please fill out, sign and return to the pool

Name of group/organization: _____

Date of use: _____ **Time of use:** _____

Number of children 0-5: _____ **Number of children 6-17:** _____

Number of adults 18+: _____ **Amount paid:** _____

Name of person(s) in charge: _____

Home phone: _____ **Cell phone:** _____

Email address: _____

Address: _____

My signature below indicates that I have read this document in its entirety, which I understand it completely, and I agree to all the rules established and outlined by the Salida Hot Springs Aquatic Center staff.

Signature: _____ **Date:** _____

Salida Hot Springs Aquatic Center
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Salida, Colorado 81201
719 539-6738

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We thank you again for choosing us for your recreational fun! Have a great day!