

WCA POOL PARTY AGREEMENT

I, _____, wish to reserve the Wildewood pool pavilion for a party on _____(Mon–Sat), _____(date) from 11AM – 3PM or 4PM – 8PM, Sunday, _____from 1PM – 5PM. You may arrive up to 30 minutes early to set up. Guests will not be allowed to enter until the start time of the party. Please be cleaned up and ready to go at the end of your party. I agree to pay a \$75 fee that will allow admission, of up to 20 non-member guests, to the Wildewood Community Pool. This fee will also include the exclusive use of the covered pavilion and picnic tables next to the concession stand. Any additional guests who wish to attend must pay the regular guest fee of \$5. I understand that I may bring food and/or drinks, if there are no glass containers or alcoholic beverages, and that all party attendees must follow the Wildewood Community Pool Rules and Regulations. Payment, in the form of credit card, cash, check or money order, must be received at the time of Agreement processing. Additional guest fees that are not included in the original reservation can be paid upon entry. Refunds will be given for inclement weather and/or unexpected pool closure. A refund may also be issued if notified at least 24 hours in advance. **Please drop off all forms and payment to the pool office.**

- 1. [] 11. []
2. [] 12. []
3. [] 13. []
4. [] 14. []
5. [] 15. []
6. [] 16. []
7. [] 17. []
8. [] 18. []
9. [] 19. []
10. [] 20. []

If there are additional guests, please list them on the following page. A finalized guest list can be submitted on the day of your reservation.

The undersigned member does hereby execute this Release, Waiver of Liability, Assumption of Risks and Indemnity/Hold Harmless Agreement (the "Agreement") for himself/herself/themself and his/her/their heirs and any of their Minors, guests and invitees and acknowledges the inherent risks involved in the use of the Association's Swimming Pool, which risks include, but are not limited to bodily injury, sickness, disease or death from using the Swimming Pool. Users also acknowledge and understand that use of the Swimming Pool by members and guests, is potentially dangerous and that the type of injury or damage described above can occur when using the Swimming Pool.

Signature: [] Date: []

Phone Number: [] Email: []

Paid Date: [] Payment Type: [] Processed by: [] (WCA Employee Name)

Additional Guests:

Amount Paid:
