



MERCER COUNTY REGIONAL COUNCIL OF GOVERNMENTS – RECREATION
 2495 HIGHLAND ROAD; HERMITAGE, PA 16148
 PHONE: 724-981-1561x5 FAX 724-981-2639
 BRIAN FOSTER – WORK CELL: (724) 301-0401

L-S-WM Community Swimming Pool Application - Permit

DATE OF USE: _____ RATE: 2hr = \$135 TIME OF USE: 6PM - 8PM

APPLICANTS NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____

CELLULAR TELEPHONE: _____

FAX NUMBER: _____

E-MAIL: _____

Please be advised of the following rules and conditions for use and initial each one:

1. When using the Pool, ALL pool rules do apply. _____
2. Lifeguards have full authority to enforce rules as necessary. _____
3. I agree to make sure the area is cleaned up and in good condition at my departure. _____
4. I will be fully responsible for any damages to the facility/equipment during the period for which I have reserved. _____
5. I will notify the MCRCOG Office during the next available business day of any damages or concerns by calling 724.981.1561 x5. _____
5. All cancellations must be in writing and received by the L-S-WM Community Pool office no later than three (3) business days before the event. _____
6. Failure to cancel three (3) business days before the event will result in forfeiture of a \$50.00 administrative fee. _____
7. Full refunds will be given in the event of inclement weather or pool closing by the L-S WM Pool Management. _____

The undersigned individuals, on his/her own behalf and on any behalf of any minor, does hereby represent that he/she is, in fact acting in such capacity and agrees to the extent permitted by law, to release, hold harmless and indemnify the parties listed below from all liability, losses, claims, judgments, costs or damages whatsoever which may be asserted against, imposed upon, or incurred by said parties arising out of incident to, or in any way connected with the participation in the Parks and Recreation activity. Parties: L-S-WM Swimming Pool, MCRCOG, commission members, agents, employees, representatives and volunteers.

Signature of Applicant

Date

DEPARTMENT USE ONLY

Date and Time Approved:

AMOUNT RECEIVED: _____

TOTAL DUE: _____

DATE REC'D: _____ CASH / CHECK / CREDIT _____

STAFF TAKING PAYMENT INITIALS: _____

MCRCOG SIGNATURE _____ DATE: _____