Cumberland Hill Swimming Pool Association
1095 Rockbridge Rd.
Lexington, Kentucky 40515
rentals@cumberlandhillpool.com

POOL RENTAL AGREEMENT

The Cumberland Hill Pool is available for pool and party rentals for CHSPA Charter Members and Pool Members only.

DAYTIME POOL RENTAL:

- Rental fee is **$10** per child for 2 hours with a minimum rental fee of **$100.00**
- Your pool rental will include a reserved table inside the snack bar room.
- Daytime Pool Rental hours are:
  - Monday - Thursday between 11:00am and 8:00pm
  - Friday & Saturday between 11:00am and 9:00pm
  - Sunday between 1:00pm and 8:00pm

AFTER HOURS POOL RENTAL:

- Hours: 8:00pm – 10:00pm. Additional $50 per hour fee from 10:00pm – 11:00pm.
- Fees:
  - $100 Monday – Thursday
  - $150 Friday – Sunday
  - $50 per hour for guards (mandatory) after the pool is closed.

DEPOSITS:

- After hours pool renters agree to provide a $50 deposit at the time of the reservation. This deposit will be applied to the balance of the rental to be paid on the day of the rental.
- A $50 clean-up deposit will be required at the time of rental and will be refunded to the renter upon inspection by a representative of CHSPA

Renter agrees to the following:

1. Renter will provide at least one adult (defined at 25 years of age or older) for every 10 guests of the party present on the property below the age of 21; and at least one of the adult members must be present with the group at all times while the group is present at the facility.
2. Agrees that the group will abide by any and all of the facility operating rules listed above and instructions of the Management Company or representative of CHSPA.
3. Lifeguards reserve the right to ask any intoxicated or unruly participant to leave the party.
4. Pool deck will be cleaned up and all trash emptied prior to end of the event

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POOL RENTAL AGREEMENT (continued)

RENTER INFORMATION:

Name: _____ Charter Member? Yes ____ No ____

Address: _____

Phone number(s): _____

Email: _____

RENTAL INFORMATION:

Function Date: _____

Function Time: _____ AM / PM until _____ AM / PM

Total Rental Fee: $_____ *(as discussed with rental coordinator)*

RENTAL DEPOSIT: $50.00 minimum Check #_____

*A $50 deposit toward the total rental is required to hold the date, however full amount may be paid in advance. The balance of rental payment is due on the date of the rental.

CLEANING DEPOSIT: $50.00 (refundable) Check #_____

Signed: _____

(By signing this I am verifying that I am least 25 years of age)

Date: _____

NOTE: Please return the original plus one copy along with other required documents and deposit checks to:

CHSPA c/o Jim Crouch
4577 Longbridge Lane
Lexington, KY 40515