



City of Montague  
**PRIVATE POOL**  
**PARTY REQUEST FORM**  
After Hours Rental Agreement

Montague City Pool, 370 W. Scobie St. Montague, CA 96064 Ph. 530.459.3401  
City Hall: 230 S. 13<sup>th</sup> St. Montague, CA 96064 Ph. 530.459.3030

Date of Party \_\_\_\_\_  
DAY OF WEEK MONTH DAY YEAR

Party Time: \_\_\_\_\_ # of Guests: \_\_\_\_\_ Ages 0-12 \_\_\_\_\_ Ages 12 & up \_\_\_\_\_

Name of Group: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

***Call Montague City Hall at 530-459-3030 to secure your Date and Time***

\*Rentals available (\$100 1<sup>st</sup> hr & \$75.00 ea. addtl. hr)  
Saturday Evenings – 5:15 P.M. to 8:15 P.M.  
Sundays: Noon– 8:15 P.M.

**Maximum rental capacity is 150 guests.**

The “Number of People” is based on total party attendees **NOT** estimated number of swimmers.  
Chaperones are asked to provide constant supervision and added support to the lifeguard staff during the party.

**\*ALCOHOLIC BEVERAGES ARE NOT ALLOWED DURING POOL RENTALS – NO EXCEPTIONS**

**RENTAL AGREEMENT:**

In consideration of the acceptance of my application for entry into the above event, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which hereafter accrue to me, against the Entity as a result of my participation in the event. This release is intended to discharge the Entity, its officers, officials, employees, and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or Entities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

Applicant’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:**

Rental Availability confirmed by: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/20\_\_\_\_

Rental Fee Amount Paid in advance: \_\_\_\_\_ Pool Guidelines Rcvd: \_\_\_\_\_