



City of Flatonia
McWhirter Park
Swimming Pool Rental
(In accordance with City Ordinance 2024.3.1)

Reservations for private parties may be made at City Hall. Reservations must be made at least three days in advance. Reservations are not considered to be official until the \$150.00 rental fee, Lifeguard fee (\$15.00 per Lifeguard per hour), and a \$50.00 cleaning/damage deposit are received with this fully completed rental application.

Date of Rental Application:			
Date of Rental:		(May be rented Tuesday – Sunday from 7PM – 10PM only)	
Renter Name:		Renter Telephone:	
Renter Address:		Renter Email:	
Deposit:	Rental Fee:	Number of guests in pool:	Lifeguard Fee:

***** for office use only*****

Payment by: Check _____ Credit Card Cash

Received by: _____

Revenue Code: 10 – 3475; Transaction Codes – Rental 146; Deposit 148;

Lifeguard Pay: 146



HOLD HARMLESS AGREEMENT

The person or group reserving the pool is responsible for the conduct of guests. Not following the rules and regulations of the pool (attached) or problems with the conduct of guests at a party may result in expulsion, loss of the future privilege of renting the pool, and possible municipal court action.

The undersigned agrees to indemnify and hold harmless the City of Flatonia and its elected and/or appointed officials, agents, and employees from and against all claims, damages, losses, and expenses, including attorney’s fees and exemplary damages, arising out of rental and use of the City of Flatonia’s McWhirter Park Swimming Pool. Such claims, damages, losses, and/or expenses made the subject of this Agreement are to include, without limitation, claims for bodily injury, sickness, disease, death, or injury to or destruction of tangible property, real or personal, including the loss of use resulting therefrom.

I acknowledge that I have read and understand this Agreement and have received a copy of the City of Flatonia’s McWhirter Park Swimming Pool Rules.

Signed this _____ day of _____, 20 ____.

Renter’s Signature

Renter’s Printed Name

Office Use Only

Confirmed by Pool Manager (initial)	Date:
List Guards to Work:	
Refunds (as Applicable): <input type="checkbox"/> Deposit <input type="checkbox"/> Fee <input type="checkbox"/> Lifeguard Fee If any portion of refund is being withheld, state reason:	
Date Refund Sent or Returned (initial): _____	