

Parks and Recreation • 100 Lockville Road, Pickerington, OH 43147 • ph: 614-833-2211 • fax: 614-833-2201 • www.pickerington.net

		2020 Pool Party	Reservation Form	Office Use	Only	
Name Organization				Received Da	Received Date Cash	
				Approved By	/ Credit Card	
Address				Total Paid	Check #	
City					Receipt Number	
Phone (H	ome)	(Cell)	(W	/ork)		
Email (Re	quired)					
Emergency Contact		Phone	Phone		Relationship	
Pool Pa	ty Information					
2 Hours Guests Fees	 Irs 8:00-10:00pm ts 200 Maximum \$350 Season Pass Holder \$500 Pickerington Local School District Resident 		Event Day/Date Number of Guests Average Age of Guests		f Guests	
event, call		eks in advance (subject to availability). Dec ment Monday – Friday from 8:00am – 5:00				
		unity Pool is closed in the event of a thunde rescheduled if possible or refunded. Rese				
Registrat	ion Information:		Cancellation of Activities	Department recerves the	right to concel activities due to low	
 Online - Register for select Parks and Recreation Activities 24/7 with Online registration. Visit www.pickerington.net for more information. Call the Parks and Recreation Department to setup a new household and verify residency sta In Person - Register in person from 8:00arm-5:00pm, Monday - Friday in City Hall, 100 Lockville Road, Pickerington, OH - or - Pickerington Community Pool 11330 Stonecreek Drive S., Pickerington form and payment to: City of Pickerington, 100 Lockville Road, Pickerington, OH 43147. Drop-Box - Located outside City Hall, 100 Lockville Road, Pickerington, OH. By Email - Email us your registration form 24/7 with your MasterCard or VIS, information to recreation@pickerington.net Registration is complete with full payment. Accepted methods of payment incluCash, Checks made payable to City of Pickerington, VISA and MasterCard. 		formation. Call the Parks	enrollment. Decisions to o made 48-72 hours in advan	 The Parks and Recreation Department reserves the right to cancel activities due to low enrollment. Decisions to offer activities are based upon pre-registration numbers and made 48-72 hours in advance of the start date. Register early to help avoid a cancelled or closed out activity. If an activity is cancelled or closed, you will receive a full refund in the form of a check; no cash or credit card refunds. Refunds take about 3 weeks. Refund Before the Activity Begins Refunds will be made only before the start of the activity, pool season or facility reservation for one of the following circumstances and a \$15 processing fee will apply: When the activity or pool season pass refund is requested at least seven (7) days in advance (except where otherwise noted) of the first activity meeting, provided it does not reduce the participation level below the required minimum. When the facility reservation refund is requested prior to two (2) weeks from the scheduled date of use. When a refund request is completed and approved by the Parks and Recreation 		
			the form of a check; no cash Refund Before the Activity			
			reservation for one of the foWhen the activity or poor			
		ille Road, Pickerington, OH.	not reduce the participat			
		rith your MasterCard or VISA	scheduled date of use.			
			 When a relation request Department. No refund will be given from the second seco	or activities under \$15.		
City of Pickerington charges a \$35 returned check fee.		ck fee.	(26 years and under) of a rington mailing address, or		ity.	
City Resident Discount Fee You must live within the City limits of Pickerington, or be the spouse or child resident to receive the City resident discount fee. Even though you have a Pick live within the Pickerington Local School District, you may not live within the Cit		ven though you have a Pickerington mailing addre				
The particip any way rel Pickerington causes of a activities I c against all li insurers, an any other lo that jurisdic and reserve officers, ass during City Further, I re behalf of m or my child' presentation Pickerington decision on hereby agre any and all	ated to the activities I will be performing to use its facilities, I further hereby ex- ction, demands, rights, damages, costs onduct on City of Pickerington property ability, claims, and demands, court cosi d self-insurance pool, on account of inji ss of any kind whatsoever, which arise tion and venue for any suit or cause of a tions, I, the undersigned, on behalf of n igns and volunteers for any and all inju of Pickerington sponsored activities. I n cognize the inherent danger involved in r child to receiver medical treatment, whi s photograph or image with or without n is, advertising, publicity and promotion h harnless of and from any and all liabil any situation not covered herein. I here e, on behalf of myself, my heirs, execut actions, claims, demands, liabilities, los i n recreational activities and reservation	represents, and agrees as follows: I hereby expre I understand that I am responsible for my safety ampt, release, and discharge the City of Pickeringt loss of service, expenses and compensation wha I further agree to defend, indemnify and hold har ts, and attorneys' fees, including those arising fron ury, loss or damage, including without limitation cla out of or are in any way related to the activities of action and shall lie in the courts of Fairfield County nyself, my heirs, executors, administrators and ass ries suffered by myself and my child, claims, dema ecognize and voluntarily accept all of the potential such activities and take full responsibility for my a ich may be deemed advisable in the event of injury ny or my child's name, both single and in conjuncti ity of whatever nature, which may arise out of result by acknowledge that he/she has read and agrees tors, administrators and assigns, to indemnify any, s damage or expense of whatever kind of nature, i	and the safety of others, not the City of P toon, its employees, public officials, agents tiscover, that I now have or which may th mless the City of Pickerington, its officers, n any third party claim asserted against th imms arising from bodily injury, personal ir the program. I understand and agree that v, Ohio. In consideration of permission gra- signs, do hereby release and discharge th ands, actions, judgments and executions, risks and hazards associated with partici cictions and physical condition. I hereby c y, accident and/or illness during the eveni on with any persons or objects for any an hat I have the right to authorize the forego ult of such uses. The City of Pickerington is to comply with the terms and conditions all or any combination of the aforesaid, ji	ickerington. In consideration, s, officers and volunteers fr ereafter accrue arising out, employees, insurers, and he City of Pickerington, its of jury, sickness, disease, de t this shall be governed by anted to me or my child to e to City of Pickerington, its of which might occur on City ipating in said activities, no consent to receive medical t. I do hereby grant and gi ad all purposes including, b oing uses and do hereby ay reserves the right to cance of this agreement. For the ointly and severally and to	on of permission from the City of orn any and all claims, actions, of or in any way related to the self-insurance pool from and officers, employees, volunteers, sath, property loss or damage, or the laws of the State of Ohio, and engage in recreational activities employees, public officials, agents, of Pickerington premises and/or matter how remote and unlikely. treatment and hereby consent on ve these groups the right to use my but not limited to, private or public gree to hold the City of el this agreement or make a e consideration stated above, I hold harmless from and against	
Payment	Method:					
Name of (Cardholder	Account Number	Expir	ration Date	CVC Code	

Date ____

Cardholder Signature