



**MARYVILLE PARKS & RECREATION  
AQUATIC CENTER RESERVATION**

GROUP \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE REQUEST: _____
TIME: FROM _____ TO _____
NUMBER OF PERSONS EXPECTED _____
COMMENTS/REQUEST: _____ _____ _____

I / WE AGREE to indemnify and hold harmless the Maryville Parks and Recreation Department, its staff and officers.

I / WE AGREE to abide by all park rules.

I / WE AGREE to be responsible for any damages due to your direct use on the above date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Office Use Only</b>		
Agreement must be accompanied by an insurance policy for one millions dollars naming the Maryville Parks and Recreation Department and the reserving party as co-insured for the date and time of reservation.		
Fee Paid _____	Date _____	Cash / Check / Other _____
By _____	Insurance Agreement Recorded _____	