



# AQUATICS FACILITY APPLICATION & AGREEMENT

<b>INSTRUCTIONS:</b> 1. Read and observe all policies. 2. Submit at least fourteen (14) days prior to event. 3. This reservation is valid only upon receipt of approved application. 4. Submit completed application via mail, e-mail or fax.	<b>MAIL:</b> City of Irvine Community Services Department - Field Reservations P.O. Box 19575 Irvine, CA 92623-9575	<b>E-MAIL:</b> aquatics@cityofirvine.org  <b>PHONE:</b> (949) 724-6708  <b>FAX:</b> (949) 724-6707
---	--	--

MAIN CONTACT	ORGANIZATION	FACILITY / POOL	
ADDRESS	CITY	ZIP	CLASSROOM <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME PHONE	WORK PHONE	DATE(S) REQUESTING FROM TO	CONCESSION STAND <input type="checkbox"/> YES <input type="checkbox"/> NO
MOBILE PHONE	FAX	DAY(S) OF WEEK	HOURS (MUST include set-up and clean-up) START <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. END <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
E-MAIL		<input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY	

EVENT INFORMATION		EQUIPMENT INFORMATION	
NAME OF EVENT		ATTENDANCE	
COURSE NEEDED <input type="checkbox"/> WATER POLO <input type="checkbox"/> LONG COURSE <input type="checkbox"/> SHORT COURSE		STARTING BLOCKS NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO #	
NOTES		AWARD STANDS <input type="checkbox"/> YES <input type="checkbox"/> NO	
VENDOR NAME		IRVINE BUSINESS LICENSE #	
VENDOR NAME		IRVINE BUSINESS LICENSE #	
		OC HEALTH TEMP FOOD FACILITY (TFF) PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	
		APPROVAL DATE	
		JUDGES PLATFORMS <input type="checkbox"/> YES <input type="checkbox"/> NO	
		FLAGS <input type="checkbox"/> YES <input type="checkbox"/> NO	
		STANCHIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	
		PA SYSTEM/MIC <input type="checkbox"/> YES <input type="checkbox"/> NO	
		TIMING EQUIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
		EZ UPS <input type="checkbox"/> YES <input type="checkbox"/> NO #	
		TABLES <input type="checkbox"/> YES <input type="checkbox"/> NO #	
		CHAIRS <input type="checkbox"/> YES <input type="checkbox"/> NO #	

**FACILITY USERS AGREEMENT:** The undersigned, both individually and on behalf of the above-named applicant, agrees to indemnify, defend and hold the City of Irvine and its officers, employees, and agents harmless and free from any liability of any nature, including, but not limited to, liability for damage or injury to any persons or property, costs and attorney's fees, arising out of or in connection with the use of City recreational facilities regardless of whether the City was actively or passively negligent, either solely or contributorily in connection with such liability.

I CERTIFY THAT WE HAVE RECEIVED AND READ THE RULES AND REGULATIONS IN THE PUBLIC RESERVATION AND FEE POLICY. I, THE UNDERSIGNED, DO HEREBY AGREE THAT WE WILL ABIDE BY THE POLICIES GOVERNING THE USE OF THIS FACILITY AND WILL BE RESPONSIBLE FOR ANY DAMAGES TO THE FACILITY, FURNITURE, OR EQUIPMENT CAUSED BY OUR OCCUPANCY OF THE PREMISES. I UNDERSTAND THAT ANY VIOLATION OF THE ALCOHOL USE PERMIT POLICIES WILL RESULT IN IMMEDIATE TERMINATION OF OUR EVENT. I ALSO UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION RELATED TO THIS APPLICATION IS A VIOLATION OF CITY ORDINANCE #113, SUBJECT TO THE PENALTIES STATED THEREIN.

APPLICANT SIGNATURE _____	DRIVER'S LICENSE NO. _____	DATE SUBMITTED _____
---------------------------	----------------------------	----------------------

FOR OFFICE USE ONLY	COMMUNITY SERVICES STAFF _____
	DATE RECEIVED _____