

Village of East Syracuse Parks & Recreation
Hanlon Pool 500 McCool Ave
East Syracuse, NY 13057
315-463-6714

HANLON POOL RENTAL (2017)

Organization/Individual Requesting: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Contact Person _____

E-Mail _____ (person on site at rental)

Purpose for Facility Request: _____

DATE REQUESTED: _____ TIME: from _____ (am/pm) to _____ (am/pm)

Terms of use-

Number Attending: _____

1. No food allowed on deck. No alcoholic beverages permitted.
2. Applicant assumes responsibility of participants, spectators, and any damages.
3. Applicant and participants will abide by Hanlon Pool Safety Rules & Regulations provided with this form.
4. Compliance with all applicable laws & regulations of the State of New York, The Village of East Syracuse, and Onondaga County Health Department is a requirement of permit holder.
5. Certificate of insurance may be required. (We will inform you of this.)
6. The person listed on this form (and signing below as representing the above named group) is legally responsible for any and all actions of group members while they are in a Village of East Syracuse facility. This person will be held financially responsible and liable for any damage to pool property caused by a member of their group.
7. Designated pool toys will be provided & swim equipment may be brought from home & approved by guards.

Refund/Cancellation Policies-

1. If for some reason the pool is closed for your rental (inclement weather, chemical imbalance, etc.) you will have a full refund or rescheduling privilege for the cancellation.
2. If a rental takes place and the pool needs to be closed (inclement weather, chemical imbalance, etc) within the first HALF HOUR of your rental time, you will be granted the privilege to reschedule the remaining time of your rental.
3. If a rental takes place and the pool needs to be closed (inclement weather, chemical imbalance, etc) after the first HALF HOUR of your rental time, you will not be given a refund or rescheduling privilege but will have the option to wait out the break interval and return to the pool IF THE RETURN TIME falls within your scheduled rental time. (Upon the last sound of thunder, a 20 min. interim will restart. A chemical treatment is 30 minutes after dispensing shock.)

I, _____, hereby request reservation of the Village of East Syracuse Facility named above, for the dates, times, and purpose shown. I certify that I understand and agree to the terms of use. I further agree to hold harmless the Village of East Syracuse, its officers & employees, in any claim of personal injury or property damage in any way arising from use of this facility.

1 Hour \$50.00 (up to 50 swimmers)
\$75.00 (51 – 100 swimmers)

Total Amt. Due _____

1½ Hours \$75.00 (up to 50 swimmers)
\$100.00 (51 – 100 swimmers)

Total Amt. Paid _____ Receipt # _____

Notes: _____

(INCREASE EACH ½ HOUR BY \$25)
