

Pool Party Coverage or Additional Coverage Request

Please complete this form for us to provide lifeguards for your event.

Pool Contact Name:	Name of Pool:
Street Address:	Date of Party:
City/State/Zip:	Party Start Time:
Email:	Party End Time:
Day Phone:	Number of Guests:
Evening Phone:	Number of Lifeguards:

Coverage:

There is to be one (1) lifeguard present for every thirty-five (35) persons within the pool entrance.

Cost:

\$32.95 per hour, per guard, plus \$35.00 processing fee for pools located in Prince Georges County, Montgomery County and District of Columbia.

\$29.95 per hour, per guard, plus \$35.00 processing fee for pools located in all other counties.

There will be a 2.5% convenience fee added to the final amount for all credit card purchases.

_____ Check Enclosed

There will be a \$35.00 returned check fee for any checks returned.

_____ Credit Card: Visa or MasterCard (circle one)

Card Number: _____ Expiration Date: _____

3-digit Security Code: _____ Name as it appears on the card: _____

Credit Card Mailing Address: _____

Note – If paying by credit card there will be a 2.5% convenience fee added to the final amount.

In order to confirm this event, please have an authorized representative sign below and fax or mail this form no later than seven (7) days prior to the scheduled event. If seven (7) days notice is not given American Pool cannot guarantee coverage for your event.

Will there be alcohol present? _____ Yes _____ No

If yes, please read and sign the pool party waiver.

If for any reason the event is cancelled or postponed, American Pool must be notified no later than 24 hours prior to the scheduled start time of the event or you will be billed accordingly. If a cancellation notice is not received at least 24 hours prior to the event, the undersigned will be responsible for payment of a minimum of one hour per scheduled lifeguard.

Host (Signature)

Date

Host (Print Name)

Date

Property Representative (Signature)

Date

Property Representative (Print Name)

Date



American Pool | 9305 Gerwig Lane, Suite E | Columbia, MD 21046

Phone: 410-363-6800 | Fax: 410-363-9959 | www.americanpool.com

Party Waiver

Pool Party Agreement

Pool Name: _____

Date of Party: _____

It is expressly agreed that the employees of American Pool have been hired to perform only lifeguarding services for the pool after ordinary hours of operation on _____, 2019. It's further agreed that _____ shall be solely responsible for security, maintenance, supervision, operation, cleanup and use of the pool facility and premises during the scope of this agreement and that American Pool shall not perform or be responsible for the maintenance, security, supervision, operation, cleanup and use of the pool facility and premises during the scope of this agreement.

American Pool insurance coverage does not provide for claims, damages, liability and/or judgments if alcohol is involved.

_____ agrees to and does hereby indemnify American Pool and save it harmless and shall defend it from and against any and all claims, damages, liability and judgments in connection with loss of life, personal injury and/or damage to property arising from or out of maintenance, operation or use by _____ if alcohol is permitted.

Owner Representative

Date

American Pool

Date

