

BIRTHDAY POOL PARTY

LET YOUR PARTY HOST
TAKE YOUR STRESS AWAY

YOUR PARTY HOST WILL HELP YOU SET UP, LEAD POOL-
RELATED ACTIVITIES, HELP SERVE THE FOOD AND
CLEAN UP. YOU JUST HAVE TO SIT BACK AND RELAX!



YOUR PARTY INCLUDES:



1.5 Hours of Swim Time ~ 1 Hour in Party Room
~ Party Host ~ T-Shirt for the Birthday Child
~ 1 Capri Sun for each Child ~ Free Swim Pass
for Birthday Child ~ Discounted Food/Drinks
from Marco's Pizza (optional)

PRICES:

Residents: \$225/Non-Residents: \$250

PARTY TIMES:

Fridays: 5:00-7:30pm/Saturdays: 11:00am-1:30pm

BIRTHDAY POOL PARTY

PARTY RULES AND GUIDELINES

- **Provided:** Tables and Chairs for up to 30 people
- You may bring in decorations, outside food, music, games, etc.
(Please no confetti or silly string)
- 20 swimmers included in reservation
(Additional swimmers are \$1 each)
- Lifejackets available for all sizes
- 1.5 hours in the pool and 1 hour in the party room
- All belongings **MUST** be out of the room by:
7:30pm on Fridays/1:30pm on Saturdays
- Children under the age of 3 **MUST** have a swim diaper
- No inflatable floats, beach balls, or swim fins



The Aquatic Center closes for inclement weather (thunder and lightning) for 30 minutes after the last event. The pool also closes if there is an incident of vomit or fecal matter in the pool. In the case of this incident we will refund you 1/2 of your fee for the swimming portion or give rain checks to all party guests.



BOUNDARY WATERS AQUATIC CENTER

Birthday Pool Party

Reservation Form

Party Date: _____

Child's Name: _____

Parent's Name: _____

Primary Phone: _____

Address: _____

City/State: _____ Zip Code: _____

Email: _____ **NUMBER OF GUEST:** _____

Birthday Child's T-Shirt (Youth Sizes)

Small

Medium

Large

Extra Large

Date of Party	Time of Party
FRIDAY Date: _____	5:00pm-7:30pm Pool Time: 5:00pm-6:30pm Party Room Time: 6:30pm-7:30pm
SATURDAY Date: _____	11:00am-1:30pm Pool Time: 11:00am-12:30pm Party Room Time: 12:30pm-1:30pm

Food Package

We are happy to announce that we have partnered with Marco's Pizza to provide you discounted rates on food and beverage purchases. If you are interested in purchasing food or drinks for your party, please contact Marco's Pizza at 770-577-6999. Please mention, 'Boundary Waters Aquatic Center Birthday Party' to receive your discount. Marco's will deliver your order 10-15 mins prior to entering the party room during your celebration.

Parent/Guardian Signature: _____

Staff Signature: _____

BOUNDARY WATERS AQUATIC CENTER

Birthday Pool Party

Payment Form

Payment Information

- Payment is due in full at the time the reservation is made. A damage or cleaning deposit may also be required.
- The Facility will not be reserved and a Facility Use Permit will not be issued until all paperwork is complete and the appropriate payment has been paid. The Facility Use Permit serves as evidence that the Facility has been reserved and all required conditions and approvals have been met.
- User agrees to pay DCPR any costs incurred for the use of additional equipment and space not specified in this Agreement.
- The DCPR Director reserves the right to require additional security/staff for a reservation. The extra security/staff costs will be paid by the User and will be determined on a case-by-case basis by DCPR Management.
- User may sell novelties, programs and souvenirs, ONLY if approval is received from the DCPR Director or his/her designee. This approval will only be granted if a written list of the items for sale, including prices, is presented for approval seven (7) business days prior to the event. The sale of these items is subject to a 15% commission fee (\$15.00 minimum) payable to DCPR.

Approved methods of payment for all event related expenses are as follows:

CASH CHECK MONEY ORDER CREDIT/DEBIT CARDS (VISA/MASTERCARD)

BY SIGNING BELOW, THE USER ACKNOWLEDGES THAT ONLY THE FACILITY AND OR EQUIPMENT DESIGNATED ON THE ATTACHED 'FACILITY USE PERMIT' IS RESERVED AND THAT SAID FACILITY OR EQUIPMENT IS ONLY RESERVED FOR THE TIME DESIGNATED ON THE ATTACHED 'FACILITY USE PERMIT'.

IF A PERMIT HAS NOT BEEN ISSUED – THE FACILITY HAS NOT BEEN RESERVED.

I hereby acknowledge that I have read, understand, and agree to the terms and conditions set forth in this Agreement.

PRINTED NAME

SIGNATURE

DATE

Parent/Guardian

DCPR Staff

DOUGLAS COUNTY PARKS AND RECREATION

WAIVER/RELEASE FOR COMMUNICABLE DISEASES (INCLUDING COVID-19) and NO TOLERANCE POLICY (DISCRIMINATION, EQUAL OPPORTUNITY)



1. ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Douglas County Department of Parks and Recreation and Boundary Waters Aquatic Center in any program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- (a) Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- (b) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- (c) I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- (d) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Douglas County Department of Parks and Recreation and Boundary Waters Aquatic Center, their directors, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward, including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

2. NO TOLERANCE POLICY (DISCRIMINATION & EQUAL OPPORTUNITY)

- (a) Douglas County has adopted a **NO TOLERANCE POLICY** regarding inappropriate conduct of park participants and patrons. When an umpire or designated official asks an individual(s) to leave a Park facility and they do not leave, or they leave temporarily and return, the Douglas County Sheriff's Office will be called to address the situation. Depending upon the circumstances, the individual(s) will be subject to arrest under O.C.G.A. Section 16-17-21, Criminal Trespass. Any obscene or profane language used in the presence of or addressed to a person under the age of fourteen (14) years commits the offense of Disorderly Conduct under O.C.G.A. Section 16-17-39.
- (b) The Douglas County Parks and Recreation Department does not discriminate in any programs or activities based on sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups.

I HAVE READ THIS SECTION OF THE NO TOLERANCE POLICY (DISCRIMINATION & EQUAL OPPORTUNITY), AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I MUST ABIDE AND ADHERE TO THIS POLICY AT ALL TIMES, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____



State of Georgia
County of Douglas

STANDARD EVENT HOLD HARMLESS AGREEMENT

This Agreement is made by and between _____, (hereinafter "Participant"), and the Douglas County Board of Commissioners, (hereinafter "County"). In consideration for receiving permission to use the property located at 5000 Hwy 92/166, Douglasville, GA 30135, (hereinafter "Property"), Participant hereby releases, waives, discharges, and agrees to hold harmless for any and all purposes, Douglas County, Georgia, its Board of Commissioners, elected officials, officers, directors, agents or employees from any and all damages, losses, liabilities, claims, illness, demands, bodily injury or personal injury, including death, that may be sustained by Participant, its employees, volunteers, agents, affiliates, or an third-party participant during its use of the Property.

In addition to providing due care for event, equipment, pedestrian and general safety, the Participant will abide by all health regulations and policies as defined by Douglas County's Environmental Health Department. The Participant further agrees to use reasonable care to prevent damage to the Property and assumes full responsibility for any risks of loss, property damage or personal injury, including death that may be sustained as a result of any act of negligence by Participant.

INSURANCE

When deemed necessary by the County's Office of Risk and Safety, the Participant shall provide and maintain insurance coverage with the policies and limits of liability as determined by the Risk Manager/Safety Director. All insurance coverage shall be on a per occurrence basis and shall name Douglas County Board of Commissioners as Additionally Insured and as the Certificate Holder. The Participant agrees to provide Douglas County with copies of all insurance policies listed on the certificate of insurance upon request.

Acceptance of insurance certificates required under this Agreement does not relieve the Participant from liability under the Agreement. This Agreement shall apply whether or not such insurance policies have been determined to be applicable to any such damages or claims for damages. The Participant shall reimburse Douglas County for all costs and expenses (including but not limited to fees and charges of attorneys and other professionals and court costs) incurred by the Douglas County Board of Commissioners in enforcing the provisions of this Agreement.

The indemnification and hold harmless provisions of this Agreement shall survive the execution and delivery of this Agreement and shall protect the County for all claims arising from said event regardless of when the claim is made. This Agreement shall be governed by the laws of the State of Georgia.

This _____ day of _____, 20 _____.

Participant Signature

Print Name: _____

Witness Signature

Print Name: _____



Facility Use Permit



THIS FACILITY OR LOCATION IS NOT RESERVED AND THE EVENT OR ACTIVITY IS
NOT APPROVED AND SHOULD NOT BE PUBLIZED BEFORE A TRANSACTION
I.D./PERMIT NUMBER HAS BEEN ISSUED

OFFICE USE ONLY

TRANSACTION ID/FACILITY USE PERMIT NUMBER: _____

DCPR Staff receiving this application: _____

Date Received: _____

**Application Reviewed By: _____

Date Signed: _____

Deposit Paid: _____ Date: _____ Check #: _____

Rental Fee Paid: _____ Date: _____ Check #: _____ Transaction ID#: _____

Reservation Entered on Calendar by: _____ Date Entered: _____

**NOTES: **STAFF SIGNATURE DOES NOT MEAN FINAL APPROVAL FOR USE OF
THE FACILITY. APPROVAL IS EVIDENCED BY THE ISSUE OF RESERVATION
TRANSACTION. THE REC 1 TRANSACTION RECEIPT (*with a unique transaction ID#*) IS THE
'PERMIT'.**



Food/Drink Prices



Please mention:

Boundary Waters Aquatic Center Birthday Party

Marco's Pizza Phone: 770-577-6999

ITEMS OFFERED

DISCOUNTED PRICES

Large 14" Cheese Pizza	\$9.00
<ul style="list-style-type: none">- Pizza includes up to one topping	
Cheese Bread	\$5.00
Wings	6-\$6.99 / 10-\$11.59 / 15-\$15.59
<ul style="list-style-type: none">- Flavors: Mild, Hot, Lemon Pepper, Red Sweet Chili, BBQ	
Catered Salad	\$24.00
<ul style="list-style-type: none">- Feeds up to 8-10 adults, includes: 10 dressings	
2 Liter Sodas	\$2.00
<ul style="list-style-type: none">- Pepsi, Diet Pepsi, Dr. Pepper, Sierra Mist, Pure Leaf Sweet Tea	