

St. Elizabeth

3030 North Street Beaumont, Texas 77702 (409) 236-7777 CHRISTUSHWC.ORG

Rental Type & Cost:
Indoor/Outdoor Pool \$300/\$350
Gymnasium* \$100/\$125
Studio A* \$75/\$100
Meeting Room* \$50/\$60
Gym + Mtg. Room* \$125/\$175
Studio A + Mtg. Room*
\$100/\$115
Member/Nonmember rate
* Indicates per hour rate

Contact Name:				
	LAST	FIRST		MI
Organization Nam <u>e</u>				
Telephone:	PRIMARY		OTHER	-
Purpose of Rental: _				
Date of Rental:	Number of pe	eople / participants atter	nding:	

Please list any equipment you would like available for your rental (will try to accommodate):

- Three certified Lifeguards will be provided for each pool rental. An attendant will be provided for gymnasium or Studio A rentals.
- Pool rentals include a \$100 nonrefundable deposit. Deposit must be paid upon registration.
- Each room has its own maximum occupancy; this number includes both children and adults.
- Each party member attending must sign a Waiver & Release Form; Legal Guardians signatures are required for those younger than 18. The Waiver & Release Form must be completed prior to facility access.
- Throughout the time of the rental, all guests are to remain in the designated area, unless escorted by a facility attendant. Must follow all staff directions. No drugs / cigarettes/ e-cigs / vapes / alcohol / weapons on premises.
- All facility and conduct rules apply. All areas must be cleaned (no trash left behind). Violation can result in canceling the event, your membership, and/or also losing the right to make future reservations.
- > The rental fee is made payable to CHRISTUSHWC or via credit card and must accompany this request.

INDEMNITY AGREEMENT/RELEASE AND WAIVER OF CLAIMS:

It is understood and agreed that the undersigned shall not bring or cause to be brought any action due to personal injury or property damage that might result from the undersigned's participation in facility rental. The undersigned shall **INDEMNIFY** and **HOLD HARMLESS** CHRISTUS St. Elizabeth Hospital and CHRISTUS HWC Wilton P. Hebert Health and Wellness Center ("The Facility") and hereby **RELEASES** the Facility, its agents and employees, from all claims for personal injury or economic damage, whether arising under contract, statute, or tort, **including but not limited to claims alleging that injuries or damages were caused by the negligence of the Facility, its agents, or employees, whether such claims are made by the undersigned, representatives, agents, family members or guests of the undersigned, or by third parties.**

To restate, this clause is a bar to holding the Facility liable for the negligence of the Facility, its agents or employees. The undersigned agrees to accept full responsibility and to hold harmless the Facility and/or any and all persons employed by or contracted by the Facility. The undersigned must report immediately to the staff swim level experience of participants, any special needs, or requested assistance, body injuries, defects, miscarriages, current pregnancy, knee problems, back or joint problems, etc., so that the said person(s) may, at the direction of the staff accommodate or possibly remove person(s) from related activity participation. Any failure to make public any of the aforementioned conditions shall be the sole responsibility of the undersigned.

Approved by:		Scheduled b		
Office Use Only	Date:	Approved:Yes	No	Total:\$
Signature of Applicant:		••••••	Date:	•••••
		RISTUS HWC requires Rental must be paid in ful		days written notice to cancel. ior to date of rental.
		ove person(s) from relate s shall be the sole respons		ticipation. Any failure to mak undersigned.