

Odem Pool

1 Owl Square

Odem, Tx.78370

kurzj@oeisd.org 361-368-9088

Rental Application for Pool & Pavilion

Name of person(s) making rental: _____ Phone number: _____

Address: _____

Date and time facility is to be rented: _____

Rental for: **POOL/ Inside Pavilion**

Number of Participants: _____ Date Paid: _____

Make checks payable to: ***Odem Pool***

- To secure the requested time and date of the pool or pavilion the entire balance **must be paid in full.**
- **Refunds will only** be given for cancellations due to bad weather.
- **Refund checks will be issued the following week from the Odem-Edroy I. S. D. office**
- Outside food is permitted in designated eating area only.
- Pavilion area must be cleaned before the next party.

Use of school facilities shall not be allowed for promoting private enterprises for profit or for entertainment that may be detrimental or destructive to the facilities, fixtures, or furniture.

Rules for Use:

1. All posted pool rules must be followed.
2. The School District will not be responsible for any accidents or injuries.
3. The person who has signed this document must be present during the use of the facility.
4. The facility must be left clean.
5. No alcoholic beverages are allowed in pool or park area.

I have carefully read, accept, and understand the rules and conditions outlined in this application.

Signature: _____

Date: _____

Received By: _____

Date: _____

ODEM PARK AND RECREATION PROGRAM REGISTRATION FORM

Participants Names: _____

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Address: _____

Home Phone #: _____ **Age:** _____ **Date of Birth:** _____

Doctor's Name: _____ **Phone Number:** _____

Name of Activity: _____

Do you have any medical condition, which may inhibit your participation in any physical activities: (IF YES, EXPLAIN)

Are you currently taking any type of medication? (IF YES, PLEASE LIST)

LIABILITY RELEASE

In consideration of your accepting my registration for this Parks and Recreation Program, I hereby for myself, my heirs, executors and administration waive and release all rights and claims for damages I may have against ODEM EDROY ISD. I also further agree to defend, indemnify and hold harmless the ODEM EDROY ISD employees, agents(s), representative(s) and volunteer(s) and assign for any and all injuries suffered by my participation in this program. Additionally since risk of injury or death is inherent to any form of physical activity, I am advised to consult a physician prior to participation in this program.

Signature: _____ **Date:** _____

