



# AQUATICS FACILITY APPLICATION & AGREEMENT

**INSTRUCTIONS:**

1. Read and observe all policies.
2. Submit at least fourteen (14) days prior to event.
3. This reservation is valid only upon receipt of approved application.
4. Submit completed application via mail, e-mail or fax.

**MAIL:** City of Irvine  
 Community Services Department - Field Reservations  
 P.O. Box 19575  
 Irvine, CA 92623-9575

**E-MAIL:** aquatics@cityofirvine.org

**PHONE:** (949) 724-6783

**FAX:** (949) 724-6707

MAIN CONTACT		ORGANIZATION		FACILITY / POOL	
ADDRESS		CITY	ZIP	CLASSROOM <input type="checkbox"/> YES <input type="checkbox"/> NO	CONCESSION STAND <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME PHONE		WORK PHONE		DATE(S) REQUESTING FROM _____ TO _____	
MOBILE PHONE		FAX		HOURS (MUST include set-up and clean-up) START <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. END <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
E-MAIL				DAY(S) OF WEEK <input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY	

**EVENT INFORMATION**

NAME OF EVENT		ATTENDANCE	
COURSE NEEDED <input type="checkbox"/> WATER POLO <input type="checkbox"/> LONG COURSE <input type="checkbox"/> SHORT COURSE		STARTING BLOCKS NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO # _____	
NOTES			
VENDOR NAME		IRVINE BUSINESS LICENSE #	OC HEALTH TEMP FOOD FACILITY (TFF) PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO
VENDOR NAME		IRVINE BUSINESS LICENSE #	APPROVAL DATE

**EQUIPMENT INFORMATION**

AWARD STANDS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
JUDGES PLATFORMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FLAGS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
STANCHIONS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PA SYSTEM/MIC	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TIMING EQUIPMENT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EZ UPS	<input type="checkbox"/> YES	<input type="checkbox"/> NO # _____
TABLES	<input type="checkbox"/> YES	<input type="checkbox"/> NO # _____
CHAIRS	<input type="checkbox"/> YES	<input type="checkbox"/> NO # _____

**FACILITY USERS AGREEMENT:** The undersigned, both individually and on behalf of the above-named applicant, agrees to indemnify, defend and hold the City of Irvine and its officers, employees, and agents harmless and free from any liability of any nature, including, but not limited to, liability for damage or injury to any persons or property, costs and attorney's fees, arising out of or in connection with the use of City recreational facilities regardless of whether the City was actively or passively negligent, either solely or contributorily in connection with such liability.

I CERTIFY THAT WE HAVE RECEIVED AND READ THE RULES AND REGULATIONS IN THE PUBLIC RESERVATION AND FEE POLICY. I, THE UNDERSIGNED, DO HEREBY AGREE THAT WE WILL ABIDE BY THE POLICIES GOVERNING THE USE OF THIS FACILITY AND WILL BE RESPONSIBLE FOR ANY DAMAGES TO THE FACILITY, FURNITURE, OR EQUIPMENT CAUSED BY OUR OCCUPANCY OF THE PREMISES. I UNDERSTAND THAT ANY VIOLATION OF THE ALCOHOL USE PERMIT POLICIES WILL RESULT IN IMMEDIATE TERMINATION OF OUR EVENT. I ALSO UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION RELATED TO THIS APPLICATION IS A VIOLATION OF CITY ORDINANCE #113, SUBJECT TO THE PENALTIES STATED THEREIN.

\_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

FOR OFFICE USE ONLY	COMMUNITY SERVICES STAFF	DATE RECEIVED
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