

**Cumberland Hill Swimming Pool Association**  
**1095 Rockbridge Rd.**  
**Lexington, Kentucky 40515**  
[rentals@cumberlandhillpool.com](mailto:rentals@cumberlandhillpool.com)

**POOL RENTAL AGREEMENT**

**The Cumberland Hill Pool is available for party rentals for  
CHSPA Charter Members and Pool Members only.**

**POOL RENTAL:**

- Rental fee is **\$100.00** for 2 hours for up to 10 guests. A “guest” is any non-member of the pool, since members can enter on their own.
- Each additional guest (after the first 10) is **\$10/each**.
- If extra guests arrive during your event, please pay the guard \$10 per guest.
- Your rental fee will include a reserved table inside the Snack Bar room.
- Pool rental hours are:
  - Monday - Thursday: 11:00am to 8:00pm
  - Friday: 11:00am to 9:00pm
  - Saturday: 5:00pm to 9:00pm
  - Sunday: 5:00pm to 8:00pm

**DEPOSITS:**

You must submit **2** checks with the rental form to confirm your reservation:

- 1) \$50 reservation deposit. This deposit will fully confirm your reservation, and it will be applied to the total rental fee; the balance of which can be paid on the day of the event at the lifeguard station.
- 2) \$50 cleaning/damage deposit. This check will not be cashed immediately, and it will be shredded unless an inspection by a representative of CHSPA deems that extra or excessive cleaning was required by our staff.

**Renter agrees to the following:**

1. Renter will provide at least one adult (defined at 25 years of age or older) for every 10 guests of the party present on the property below the age of 21; and at least one of the adult members must be present with the group at all times.
2. The group will abide by any and all of the facility operating rules and instructions of the lifeguards, management company or representatives of CHSPA.
3. Lifeguards reserve the right to ask any unruly participants to leave the party.
4. The Snack Bar area used by the renter will be cleared of all trash.

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POOL RENTAL AGREEMENT (continued)

**RENTER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

**RENTAL INFORMATION:**

Function Date: \_\_\_\_\_

Function Time: \_\_\_\_\_ AM / PM until \_\_\_\_\_ AM / PM

Total Rental Fee: \$\_\_\_\_\_ (as discussed with rental coordinator)

**Send in these 2 checks to confirm your reservation:**

1) Reservation Deposit (\$50 or full rental fee): \$\_\_\_\_\_ Check # \_\_\_\_\_

2) Damage / Cleaning Deposit: **\$50.00** (won't be cashed; is refundable) Check # \_\_\_\_\_

(Make checks payable to **CHSPA**)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\* **By signing this contract, I am verifying that I am at least 25 years of age, that I will personally be present during the event, AND that I that I agree to the terms on page 1.**

Please send in this rental agreement page and **BOTH** deposit checks to:

CHSPA c/o Jim Crouch  
4577 Longbridge Lane  
Lexington, KY 40515

Once received, we will send you an email confirming your reservation.