

**CITY OF LOS ANGELES
DEPARTMENT OF RECREATION AND PARKS
CITYWIDE AQUATICS DIVISION**

E-MAIL: rap.aquaticspermit@lacity.org

Three Week Notice Required

Three Week Notice Required

NOT A PERMIT

NOT A PERMIT

(323) 906-7953 PHONE

(818) 243-6495FAX

REQUEST FOR USE OF SWIMMING FACILITY

Name of Organization _____

L.A. City RAP Government LAUSD Charter Private Training Group
 Other _____ Non-Profit (requires verification)5013c# _____

Name of Primary Contact _____ Contact Number _____

E-mail _____ Fax Number _____

Address _____ City _____ Zip Code _____

Name of Alternate Contact _____ Contact Number _____

Name of Facility Desired _____ Specify Area (if applicable) _____

Purpose of Event: Recreational Swim Swim Workout Swim Meet Water Polo Practice Water Polo Game
 Synchro Workout Synchro Meet Other _____

Day(s) check all that apply SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Dates (s) _____ Hours: From _____ to _____

Number of Participants expected Adults _____ Youth (7-17) _____ Children (6 and under) _____

I have read and understand the pool rules. I have read and understand the water watch program.

Will the event include electrical setup / amplified sound? Yes No (If YES, Describe) _____

Are you collecting a fee? Yes No If YES, amount per person: _____

Is your organization insured Yes No If YES, insurance agent/broker, registers for approval at <https://kwikcomply.org/>

Special requests/comments/other activities (if any) _____

PLEASE READ AND SIGN HOLD HARMLESS AGREEMENT

Applicant shall indemnify and hold CITY and its officers, agents and employees free and harmless from any and all claims, demands, lawsuits, actions of any kind, damages, judgments, amounts paid in settlement, costs and expenses (including attorney's fees), which may be incurred or arise out of Applicant's exercise of permission granted or from any of the Applicant's activities related there to. Applicant expressly waives any and all claims for compensation, and releases and discharges CITY and its officers, agents and employees from any and all demands, claims, lawsuits, all losses, damages, costs or expenses sustained by reason of any defect or impairment of water supply system, drainage system, heating system, gas mains, electrical apparatus or wire furnished for the event which may occur from time to time from any cause and for any loss resulting from fire, water, tornado, civil commotion, riot, landslide, windstorm, earthquake and other acts of nature.

As part of application process, the Applicant has reviewed a copy of the facility rules and will make sure that all members of his/her group comply with these rules. The Applicant realizes that a failure to follow these rules may result in his / her permit being revoked or its renewal being denied.

I certify that all statements on this application are complete and correct

Signature of Applicant

Name (Please Print)

Date

(Must Be A Wet Signature Please)

(For Facility Manager Use Only)

Approved Denied Reason _____
(notify organization of status)

The approver must notify group if any changes are made to the request.

Facility Status: Open during requested time Closed during requested time Open From _____ to _____

Notes / Comments / Special Considerations (if any) _____

Approved/Denied By _____ Date _____ Reviewed By _____ Date Faxed _____

Sign and Print Name Below