

Carnegie Mellon University

Aquatics Request Form

Name of Group: _____

Person Responsible for Group: _____

Address: _____

Phone: _____

Email: _____

REQUEST DETAILS:

Pool request for: Fall _____ Spring _____ Summer _____

Date requested: _____

Time requested: _____

Facility requested: Lap pool _____ Diving pool _____

Approximate number of people: _____

Describe activity:

Needs for activity: (equipment)

Persons Requesting use of the center must adhere to the following rules and policies:

1. All information provided on this form is correct to the best of my knowledge.
 2. I agree to provide the lifeguard/and or aquatic staff with any important medical information concerning members of this group which is necessary to provide for their safety and well being. This includes, but is not limited to, seizures, epilepsy, diabetes, and asthma.
 3. I am willing to assume responsibility for the behavior of my group.
 4. I will inform the group that they are responsible to read and obey the pool rules, or if not capable I will read all of the pool rules to them and make sure they are understood.
 5. I agree in the case of accident or emergency to permit first aid or medical treatment by CMU lifeguards, Emergency Medical personnel, and Campus Police.
 6. I understand that the lifeguards and aquatic staff are in complete authority.
 7. I understand that if the above rules are not obeyed, this activity can be terminated at any time.
- I understand by signing this form, the Carnegie Mellon University lifeguard and Aquatics Staff member assigned to this activity is in charge of the pool and that I am responsible for equipment used. I will adhere to all pool rules and policies listed on the back of this form, and communicate these rules and policies to members of my group.

Signature of responsible

date

OFFICE USE ONLY

Date received: _____ Request approved by: _____

Date Approved: _____ Pool assigned: _____