



GULF COUNTY BOARD OF COUNTY COMMISSIONERS
ST. JOSEPH'S BAY GOLF CLUB
700 COUNTRY CLUB ROAD
PORT ST. JOE, FLORIDA 32456
850.227.1751

REQUEST FOR USE OF SWIMMING FACILITY

Name of individual or organization: _____

Name of Primary Contact: _____

Contact Number: _____

Email Address: _____

Address: _____

Day(s) check all that apply: SUN__ MON__ TUES__ WED__ THURS__ FRI__ SAT__

Date(s): _____ Hours: From _____ to _____

Number of Swimmer: _____ Total Number of Attendees to include Swimmers: _____

Ages 15-64 _____

Children 1-14 _____

Children (0-11 months) _____

Senior Adults, age 65+ _____

PLEASE READ AND SIGN HOLD HARMLESS AGREEMENT

Applicant shall indemnify and hold County and its officers, agents, and employees free and harmless for any and all claims, demands, lawsuits, actions of any kind, damages, judgements, 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.

As part of the 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 to use the swimming facility to be revoked.

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

Signature of Applicant

Name (Please Print)

Date

(For Facility Manager Use Only)

Approved _____ Denied _____ Reason _____

Notes: _____

Approved/Denied By _____ Date _____