



Aquatic Department Lane Rental Agreement

Swim Team: Boone County

Head Swim Coach: Lance Melching

Email: lance.melching@boone.kyschools.us Phone: _____

Athletic Director: _____

Email: _____ Phone: _____

Practice Start Date: 10/02/2023

Practice End Date: _____

Day: Monday Time: 8PM – 9PM

Number of Lanes: 4

Day: Wednesday Time: 3:15PM – 4:15PM

Number of Lanes: 4

Day: Thursday Time: 3:15PM – 4:30PM

Number of Lanes: 4

Day: _____ Time: _____

Number of Lanes: _____

☐ Please check box if the above day(s) and times(s) are correct.

Policies:

Initial Deposit: \$500.00 (Must be sent in with this form)

Balance will be Due: March 1, 2024

Additional billing will occur following the conclusion of the season.

Cost: \$22 or 24 per hour, per lane

(\$24 per hour, per lane for practices between 3:00 pm–6:00 pm or anytime on weekends)

Facility will not be available for practice on the following days:

Thanksgiving Day, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day,

Clipper Swim Meets will limit weekend practices on the following days: Dates TBD

1. Rental is to be paid for the days and times that have been set aside for you regardless of use. Days that the facility is closed will not be charged to your team.
2. Silverlake will need a roster of your team prior to the first day of practice.
3. Each swimmer will need to complete the attached form and return it to the coach prior to the first day of practice.
4. Each swimmer will be issued a card to gain entry to the facility and must scan it at the front desk.
5. The same lane(s) each week will be provided.
6. Starting blocks are available and if used during practice, must be returned to original spot after practice.
7. Each Coach must read the Facility Rules and Policy form and ensure that all swimmers follow the facility rules.
8. Swimmers will not be permitted to use any portion of the facility except the locker rooms and the specific lanes assigned to the team. Please see team & large group locker room rules.
9. Swimmers may enter the facility 20 minutes prior to practice time.
10. Any additional practices or day/time adjustments, such as holiday practices, must be approved by the Aquatic Director in advance.

Approved By _____

Date _____



www.silverlakefamily.com

FACILITY LEASE AGREEMENT

LESSOR: Kenton Lands LLC dba Silverlake "The Family Place"

LESSEE: _____

CONTACT: _____

ADDRESS: _____

CITY, STATE _____ PHONE: _____

FACILITY ADDRESS: 301 Kenton Lands Rd. Erlanger, KY 41018

ROOMS:	Party Room:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Small Pool:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Large Pool:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Bumper Boats:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Hydrophobia Wall:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Kid's Quest:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Kid's Club:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Kid's Zone:	Exclusive ____	Non-Exclusive ____	Excluded ____
	FunNastics:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Basketball Gym:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Steam/Sauna:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Fitness Area:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Aerobics Room:	Exclusive ____	Non-Exclusive ____	Excluded ____
	Lap Swimming:	Exclusive ____	Non-Exclusive <input checked="" type="checkbox"/>	Excluded ____

Number of Lap Lanes _____

LEASE AMOUNT: Based on number of practices.

LEASE DEPOSIT: \$500.00

EVENT DATE: _____

TIME: From: _____ To: _____

COMMENTS: _____

Lessor leases to Lessee that part of the Facility set out above on the date and time set out above for the lease amount set out above.

The Lease Deposit shall be paid upon execution of the Facility Lease and shall be non-refundable but shall be a credit against the Lease Amount.

The balance of the Lease Amount shall be paid prior to the start of the Facility Lease.

Lessee shall not allow alcoholic beverages to be brought into the Facility nor shall Lessee permit smoking within the Facility. Breach of this provision may be grounds for termination of the Facility Lease and expulsion of Lessee and his/her/their invitees.

Lessor shall provide supervision of the Facility in accordance with its normal policy. Lessee understands that the Facility includes swimming pools, climbing areas and gymnastic equipment the improper use of which may cause the participant to suffer personal injury. Lessee agrees that Lessee and his/her/their invitees will comply with the rules and regulations of the Facility and the direction of the Lessor's staff as to the use of the Facility. Breach of this provision may be grounds for termination of the Facility Lease and expulsion of Lessee and his/her/their invitees.

Lessee agrees to indemnify and hold Lessor harmless from any claim, action, cause of action or suit, including reasonable attorney fees and costs of investigation and litigation arising from personal injury or property damage caused, in whole or in part, by the failure of Lessee or his/her/ their invitees to comply with the rules and regulations of the Facility or the direction of Lessor's Staff.

Lessee agrees that at the end of the Facility Lease that it will return to Lessor that part of the Facility, set out above as exclusive to Lessee, in the same condition as it existed at the start of the Facility Lease.

This Facility Lease represents the entire understanding between Lessor and Lessee and shall not be altered amended or modified except in writing and executed by Lessor and Lessee. No verbal statement or agreement shall be effective unless reduced to writing and executed by Lessor and Lessee.

Dated this _____ day of _____, 200_____.

LESSOR:

BY: _____
(Silverlake Representative)

LESSEE:

BY:  _____