



# Aquamoves Facility Booking Form



**Booking Type:** Single Booking  Multiple Booking  Recurrent Booking   
**Term:** 1  2  3  4

## Organisation Details

Organisation: \_\_\_\_\_

Contact: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Please Note: Receipt of this form DOES NOT confirm the booking.  
The booking will be confirmed by written correspondence.**

## Facility/Program Details (Please tick the facility/s or program you require)

### WET AREA FACILITIES

- |   |   |
|---|---|
| <input type="checkbox"/> Indoor 25m Pool. No of lanes_____    | <input type="checkbox"/> Outdoor 50m pool (Seasonal Only). No of lanes_____ |
| <input type="checkbox"/> Indoor Leisure Pool                  | <input type="checkbox"/> Swimming Carnival                                  |
| <input type="checkbox"/> Hydrotherapy Pool (Conditions apply) | <input type="checkbox"/> Outdoor Leisure Pool (Seasonal Only)               |
| <input type="checkbox"/> Spa/Sauna (Conditions apply)         | <input type="checkbox"/> Splash Park (Seasonal Only)                        |
| <input type="checkbox"/> Waterslide                           | <input type="checkbox"/> Mooroopna Pool                                     |
| <input type="checkbox"/> Rapid River                          | <input type="checkbox"/> Tatura Pool  |
| <input type="checkbox"/> Tarzan Swing                         | <input type="checkbox"/> Merrigum Pool                                      |
| <input type="checkbox"/> Inflatable (Torpedo Topple)          | <input type="checkbox"/> Grass Areas at Aquamoves                           |
|   | <input type="checkbox"/> Beach Volleyball Courts                            |

**As per Life Saving Victoria guidelines, bookings for over 100 participants will require additional lifeguards. Therefore additional fees will occur to cover this.**

### DRY AREA FACILITIES

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Gymnasium    | <input type="checkbox"/> Thump                      | <input type="checkbox"/> Circuit/Boot Camp         |
| <input type="checkbox"/> Body Pump    | <input type="checkbox"/> RPM (Max. 30 participants) | <input type="checkbox"/> Aqua Aerobics             |
| <input type="checkbox"/> Body Balance | <input type="checkbox"/> Pilates                    | <input type="checkbox"/> Yoga                      |
| <input type="checkbox"/> Body Step    | <input type="checkbox"/> Body Vive                  | <input type="checkbox"/> Active Kids Fitness Party |
| <input type="checkbox"/> Body Combat  | <input type="checkbox"/> Other _____                |  |

### OTHER FACILITIES

- Room Hire (please specify eg: Meeting Room, Studio One etc.) \_\_\_\_\_

## Booking Details

(Please attach additional sheet if many bookings required)

Day	Date	Facility/Program	Time In	Time Out	No. of Participants	No. of Requested Aquamoves Instructors
Example: Monday	1 July 2016	School Swimming	12.00pm	1.30pm	15	2

Once you have read the below terms and conditions; please tick the appropriate boxes for the additional information provided.

### Insurance

Does your organisation have Public Liability Insurance of \$10 Million or more? If yes, please provide a copy of your public liability certificate of currency.

Yes  No

### First Aid Details

Aquamoves will provide all first aid and emergency care to any participants in the event of an incident which may occur during the booking time. Will you provide any additional first aid?

Yes  No

### Medical Conditions

If there are any medical conditions that may impact on a person's participation in the booked activity please give details to assist Aquamoves staff to provide emergency care.

### Payment Method

Invoice (PO number if required: \_\_\_\_\_)  Pay on the day

### School Swimming Program Use Only

Confirmation of class numbers and class lists

Would you like us to provide Swim and Survive Certificates (\$1 per participant)

Yes  No

### Swimming Carnival Use Only

Would you like use of the PA system?

Yes  No

### Privacy Statement

The information contained in this document is collected to provide contact information for organisations or individuals, wishing to book Aquamoves facilities. This information may be disclosed to other areas of Aquamoves, Council or other third parties should contact be necessary regarding an issue with the booking or use of the facility and in accordance with the Information Privacy Act.

## Terms and Conditions

**School Swimming Programs:** Please provide participant numbers above. There is a maximum of 8 students per instructor during classes. If you would prefer smaller class sizes, please state this above. Please supply the class lists for your program (in Excel format) when submitting this form. Swim and Survive certificates can be issued at the end of your program, charged at \$1 per participant.

**Public Liability Insurance:** The Hirer shall at all times during the Booking Period, be the holder of a current public liability policy of insurance in the joint names of the Hirer and Aquamoves, which provides coverage for an amount at least \$10 million per single event ("**Public Liability Policy**"). The public liability policy shall cover such risks and be subject only to such conditions and exclusions as are approved by Aquamoves. A copy of the policy and certificate of currency must be provided to Aquamoves prior to the commencement of the Booking Period. Failure to do so will result in the immediate cancellation of the booking. If you are unable to provide a copy of the required insurance, please arrange for a written letter advising of what insurance company you are covered by and the level of cover. This letter must be addressed to the Centre Manager. The Hirer agrees to indemnify and to keep indemnified, and to hold harmless Aquamoves, its employees and agents, and each of them, from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them, or any of them, in connection with the Hirer's use of the Booked Area or any other activities of the Hirer at Aquamoves. The Hirer indemnity shall be reduced proportionally to the extent that any act or omission of Aquamoves, its employees or agents, contributed to the loss or liability.

**First Aid:** Aquamoves will provide all first aid and emergency care to any participants in the event of an incident which may occur during the time of your booking. The staff member administering first aid will complete an incident report to be kept on file and will give the representative a parent guardian form if the person is under 16 years of age. If you would like to also provide your own first aid please let us know.

**Medical Conditions:** If there are any medical conditions that may impact on a person's participation in the booked activity please provide details alongside this form to assist Aquamoves staff to provide emergency care. If you do not wish to place the details on this form please call the Work Group Officer and let them know verbally prior to your booking.

**Supervision:** The Hirer is responsible, during the booking period, for the supervision and control of all persons who enter the Centre for any purpose relating to the booking. Aquamoves Staff provide supervision for all patrons in the facility not only the participants in bookings. Hirer representatives need to be seated around the areas in which participants are and must be visible to all participants at all times. Aquamoves follows the 'Watch Around Water' policy and this must be adhered to at all times. As per Life Saving Victoria guidelines, bookings for over 100 participants will require additional Lifeguards. Therefore additional fees will occur to cover this.

**Conditions of Entry:** All participants must abide by the Aquamoves conditions of entry at all times whilst in the centre.

**Cleaning:** The Hirer must ensure the general cleanliness of the booked area is maintained during the booking period.

**Damages:** The Hirer must, on demand, of any costs incurred by Centre Management to repair or make good any damage to the Centre (including any loss or damage of equipment) arising out of or incidental to the Hire.

**Emergency Action Plan:** In the event of an evacuation; Aquamoves staff are trained to follow an Emergency Evacuation Plan. During this time the Aquatic staff will use whistles and loud hailers to attract attention. Groups should stay together and follow any direction given by Aquamoves staff members.

**Cancellation:** The Hirer may cancel a booking by giving written or direct verbal notice to the Work Group Officer at least 24 hours before the commencement of the Booking Period. Failure to give 24 hours' notice will result in the hirer being invoiced for the cost of the booking. The Work Group Officer may, if the Centre or any part thereof is unfit for use, cancel a booking. Neither the Centre nor the Work Group Officer will be liable in respect of any costs, loss or damage sustained as a result of the cancellation of the Booking, but the Centre will refund any fee paid for the booking (provided that the Centre or part thereof is not unfit for use due to any act or omission of the Hirer).

**Costing:** The cost for the booking can be paid either at the time of the booking or a tax invoice can be raised and sent to the hirer after the booking has taken place. Please advise us of your preferred billing method on the attached form. The final cost of your booking will be provided in a confirmation letter. Upon arrival at the centre, you must sign in at the customer service desk.

## Acceptance of Terms and Conditions

The Hirers Acceptance of Conditions must be returned to the Aquatic/Health Wellbeing Work Group Officer in order to process your booking request. Please keep a copy of these terms and conditions for your records. Aquamoves will provide confirmation of your booking upon receipt of all information being returned.

I hereby agree to all of the attached conditions relating to this booking.

\_\_\_\_\_  
**Hirers Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Work Group Officer Signature**

\_\_\_\_\_  
**Date**

If you have any queries regarding the above conditions, please feel free to contact us on 5832 9400.

**Office Use Only**

Date booking received: \_\_\_\_\_ Date booking Processed: \_\_\_\_\_

Date confirmation sent: \_\_\_\_\_ Booking ID: \_\_\_\_\_ Price Quoted: \_\_\_\_\_