

# thorbeckes

## WELLNESS CENTER

### Open Swim Pool Party Agreement

Host's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event Date: \_\_\_\_\_ Guest of Honor: \_\_\_\_\_

Spaces available for rent (choose one):  AQ Party Room  AQ Patio (outdoors)

Estimated # of Kids Swimming: \_\_\_\_\_ Estimated Age Range of Kids: \_\_\_\_\_

Host is:  Member  Non-member

Party Space available for rent on Friday nights and Saturday/Sunday afternoons during Open Swim Hours!

Open Swim Party Package - Member	
Party room for 45 minutes 10 kids (\$5/non-member kid after that)	TOTAL \$100 + Tax

Open Swim Party Package - Non-Member	
Party room for 45 minutes 10 kids (\$5/non-member kid after that)	TOTAL \$125 + Tax

Open Swim Party Room Time Slots		
Friday	Saturday	Sunday
<input type="checkbox"/> 6:00 - 6:45pm	<input type="checkbox"/> 12:00 - 12:45pm	<input type="checkbox"/> 12:00 - 12:45pm
	<input type="checkbox"/> 1:00 - 1:45pm	<input type="checkbox"/> 1:00 - 1:45pm
	<input type="checkbox"/> 2:00 - 2:45pm	<input type="checkbox"/> 2:00 - 2:45pm

### Party Cancellation Policy

**Initial:** We require full payment for the party at the time of booking. You may change your party date up to 7 days prior to your event. If you cancel your party more than 7 days out, you have the option to rebook the party or you are eligible to rebook the party or you are eligible for a 50% refund or 50% Thorbeckes credit. If you cancel 7 days or less in advance from your party date and choose not to rebook your party, you will forfeit your entire amount. If you cancel 3 days or less before your party date, you will not have the option to rebook, and you will forfeit the full amount.

**In consideration of being allowed to participate in any Thorbeckes membership, program, related events and activities, I the undersigned acknowledge, appreciate and agree that:**

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Thorbeckes, BKC Sports, Inc., KC Athletics, Inc., Aiken Investments, LLC, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I hereby grant permission to Thorbeckes to take and use photographs and/or digital images of myself and my child to use in printed publications or materials, electronic publications (including social media), or websites.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to provide accurate information above. Refusal to provide this information will result in the denial of Event Use.

### INFORMATION FOR STAFF

Date:	Amount Paid:	Receipt #:	Availability:	Calender:	Staff Initials:
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