

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 ☐ Jr Pool Patio (outdoors)

Estimated # of Kids Swimming: _____ Estimated Age Range of Kids: _____

Host is: ☐ Member ☐ Non-member

Open Swim Party Package - Member

Party room for 45 minutes 10 kids (\$10/non-member kid after that)	TOTAL \$150 + Tax
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Open Swim Party Package - Non-Member

Party room for 45 minutes 10 kids (\$10/non-member kid after that)	TOTAL \$200 + Tax
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Open Swim Party Room Time Slots

Friday

☐ 6:00 - 6:45pm

Saturday

☐ 12:00 - 12:45pm
☐ 1:00 - 1:45pm
☐ 2:00 - 2:45pm

Sunday

☐ 12:00 - 12:45pm
☐ 1:00 - 1:45pm
☐ 2:00 - 2:45pm

Summer Hours

Monday-Friday
☐ 12:00 - 12:45pm
☐ 1:00 - 1:45pm
☐ 2:00 - 2:45pm

Open Swim Party Package add on

☐ Outdoor Inflatable Water Slide, Games and Picnic Area 1pm-3pm, additional \$100 + tax
Use of picnic area from 1:00-3:00 instead of 45 min party room rental.

Initial:



Party Cancellation Policy

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 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. Refund for Outdoor Area can be issued if outdoor space is not usable due to weather per Thorbeckes Staff.

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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