

STRASBURG PARKS & RECREATION DISTRICT

1932 Burton Street • Strasburg, CO 80136 • www.strasburgparks.org (303) 622-4260 phone • (303) 622-9759 fax

Twisters Cymnustics Birthday Party Agreement

DATE:_

I, Recreation District (SMPRD) Gymnast	, request the use of the Strasburg Parks and ics facility for the dates listed below.
the party fee is \$150 (a \$50 non-refund	ally held on Saturdays and Sundays. I understand dable deposit is required to hold your spot) and uld wear comfortable clothes to the party that will
Party Package Includes:	
from Twisters Staff: 45 minutes in the	l); 1 Hour 15 minutes in the Gym with instruction party room, goodie bags for each child, gymnastics s for you to distribute. You may bring pizza, cake, vided by Twisters Staff.
Birthday child and guests do not hav	e to be members of Twisters Gymnastics Club
Directors. With 24 hours' notice, the D understand that if I choose to cancel n	e rules and regulations set forth by the Board of istrict can cancel or change requested dates. In reservation, it must be done at least 24 hours arged for the time frame in which I reserved the
DATE REQUESTED:	
NUMBER OF KIDS ATTENDING :	
SET-UP TIME:	EVENT TIME:
HOME PHONE:	CELL PHONE:
EMAIL ADDRESS:	
*Signature	Date

Agreement Authorized by:	
DEPOSIT AMOUNT: \$ CHECK	(NO
RENTAL AMOUNT: \$ CHECK	NO

STRASBURG METRO PARKS & REC DISTRICT TWISTERS GYMNASTICS PARTY PARTICIPATION WAIVER

STRASBURG METROPOLITAN PARKS AND RECREATION DISTRICT (the "DISTRICT") PARTICIPATION ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNIFICATION FOR THE FOLLOWING ACTIVITY: "GYMNASTICS PARTY"	
The User having rented the District facility for use by my group and recognizing the risks inherent in using the Gymnastics Party, state that Understands such activity involves exercise or physical exertion of varying degrees of difficulty, which may be strenuous, and taxing both physically mentally. User further understands that by participating in the activity, the User or person acting by and through the User, run the risk of physinjury or illness, both internal and external, temporary and permanent, from such activity or from use of the facilities in any manner and may run risk of developing mental stress.	and sical
Fully understanding these risks, User and those acting through User, agree to assume all such risks of injury or illness, reasonable or otherwise, w may result from such participation in the physical activity through use of the facilities owned by the District. User hereby fully releases the District agents, servants, officers and employees from, and hereby knowingly waive all claims for injury or illness, (including death) or damage sustained by or my child, which may result directly or indirectly from participation in the subject physical activity, named above.	t, its
User further expressly agrees to indemnify, defend and hold harmless the District, its agents, servants, officers and employees and each of them, f and against any and all claims for the injuries, liabilities, including reasonable attorneys' fees, or illnesses to me or my child or any and all o persons, arising from my participation or the participation of my child in the subject physical activity from use of such facilities in any manner. This indemnification extends, as well, to any adult acting as guardian or in any other legal capacity on behalf of such child.	ther
User hereby warrants to have read the foregoing, fully understand same and knowingly and willingly agree to all such terms, and acknowledge sterms are contractual in nature and further acknowledge and warrant that I have legal authority to execute this document on behalf of User and bind User and all person acting through User and legal representatives, to all terms hereof, to the fullest extent possible under the laws of the Stat Colorado, and that the Assumption of Risk, Release, Waiver and Indemnification shall be liberally construed in favor of the District, its agents, serve officers and employees. IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT, DO NOT SIGN IT! The foregoing Assumption of Risk, Release, Wa and Indemnification was read, understood and agreed to, by the undersigned this.	fully te of ints,