

Elkhart Health & Aquatics

BIRTHDAY PARTY RESERVATION REQUEST FORM

Turn in completed application form at the Elkhart Health & Aquatics Information Desk or email us at ElkhartCommons@BeaconHealthSystem.org. Staff will contact you shortly after submission. Submitting a form does not guarantee a reservation. Reservations cannot be made more than 90 days or less than 14 days before the desired event date.

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

PARTY DETAILS

Birthday Child's Name: _____ Age Being Celebrated: _____

2nd Birthday Child's Name (if applicable): _____ Age Being Celebrated: _____

3rd Birthday Child's Name (if applicable): _____ Age Being Celebrated: _____

Number of Party Participants (including adults): _____

Parties are limited to 32 guests in total.

PACKAGE, DATE & TIME (Select one (1) party package)

☐ **All-Star Package**, 3 hours, \$300

- ✓ Private party room
- ✓ Gift for birthday child
- ✓ 1 hour 15 minutes in the Aquatic Center
- ✓ 1 hour in the Activity Gym (inflatables, dodgeball, whiffle ball, basketball)

☐ **Starfish Package**, 2 hours, \$225

- ✓ Private party room
- ✓ Gift for the birthday child
- ✓ 1 hour 15 minutes in the Aquatic Center

☐ **Star Package**, 2 hours, \$195

- ✓ Private party room
- ✓ Gift for birthday child
- ✓ 1 hour 15 minutes in the Activity Gym (inflatables, dodgeball, whiffle ball, basketball)

Available Days and Times: Friday by inquiry only.; Saturday/Sunday: 9:30 a.m., 11:30 a.m., or 1:30 p.m.

Primary date and time: _____ Secondary date and time: _____

Preferred order of events (place a 1 by first choice, 2 by second, and 3 by third – if applicable). Order cannot be guaranteed.:

- Party Room _____ Aquatic Center _____ Activity Gym _____

Desired activities in gymnasium – if applicable (select any two):

- Basketball _____ Whiffle Ball _____ Dodgeball _____ Bounce House _____ Soccer _____

Elkhart Health & Aquatics

BIRTHDAY PARTY RESERVATION CONTRACT

General Guidelines

- When inviting children/adults, be mindful that capacities of party rooms are limited. The largest party room holds a maximum of 32 individuals.
- Arrive no earlier than 15 minutes prior to your scheduled party time. We encourage all guests of your party to arrive at the same time.
- A birthday party attendant will notify you upon time to switch activities and locations.
- The total reservation time includes setup, cleanup, transition time between activities, and change time. Party rooms are only available for your use during the allotted time included in the package and are not reserved for the entire duration of the party reservation.
- Parties do not have exclusive use of pool. All parties in the pool require adult supervision. Children 12 and younger **MUST** be accompanied by an adult. Swimmers between 13-17 must be accompanied by an adult in the pool area. The ratio for these requirements is 5-children-to-1-adult.
- Any flotation devices must be United States Coast Guard approved.
- Prohibited: alcoholic beverages, nails, staples, screws, cellophane, adhesives, confetti, bubbles, rice, silly string, glitter, smoke machines, open-flamed devices.
- Permitted: balloons, table decorations, party hats, and trinkets.
- Renter is responsible for returning private rental room to original set-up and cleaning area by; discarding trash, wiping tables down and sweeping floor.
- A cart will be available to assist with transporting your items in & out of the building.
- All guests are required to follow any and all Elkhart Health & Aquatics Rules and/or other lawful direction given by Elkhart Health & Aquatics staff.

Release of Liability and Indemnification

The undersigned responsible party ("Renter") in consideration of the reservation, understands and agrees that Elkhart Health & Aquatics is not and shall not be responsible for or liable for any illness or injury to person or for loss of or damage to property which may result from the use of Elkhart Health & Aquatics and/or participation in any activities or programs relating to or arising out of the reservation. Renter hereby agrees to forever release, indemnify and hold harmless Elkhart Health & Aquatics, its officials, officers, employees, agents and volunteers from any and all claims of any kind that Renter, or their respective heirs, executors, administrators or assigns may have arising out of the use of the Facility and/or participation in any activities or programs, including but not limited to accidents, injuries, illness, loss of or damage to person or property. Initial: _____

Cleanup/Damage

Renter shall be responsible for any and all damage or loss that may occur to the Facility and or its equipment and supplies arising out of or relating to this reservation, excluding ordinary wear and tear. The extent of any and all damage and the cost of cleaning, repair or replacement will be determined solely by Elkhart Health & Aquatics. Renter understands and agrees that the following are prohibited in the Facility: nails, staples, screws, cellophane, any adhesive material, confetti, bubbles, rice, silly string, streamers, glitter, smoke machines, and open-flamed devices. Renter shall be responsible for removing all decorations and personal property from the Facility, picking up and disposing of any loose trash and otherwise leaving the party room in the same condition as was found prior to the reservation. Initial: _____

Payment and Cancellation

Full payment is due at the time of reservation. Renter may cancel or otherwise request changes to the reservation in person or in writing by e-mail, fax or mailed to the Elkhart Health & Aquatics, 200 E Jackson Blvd, Elkhart, IN 46516. Renter understands and agrees that a cancellation fee will be charged, as follows, if Renter cancels the reservation:

- **30+ days:** Full refund
- **30 to 15 days prior to the reservation date:** \$50 deposit forfeit
- **14 days or less:** Full cost of the reservation

Elkhart Health & Aquatics reserves the right to cancel a reservation if the Facility is, in the sole judgment of Elkhart Health & Aquatics, rendered unsuitable for the reservation due to inclement weather, acts of God, or any other legitimate condition beyond the control of Elkhart Health & Aquatics. In the event of such cancellation by Elkhart Health & Aquatics, Renter will receive a full refund and will not be liable for any fees for the cancelled reservation and Elkhart Health & Aquatics shall not have any further liability or obligations with regard to the cancelled reservation. Initial: _____

Applicable Laws, Rules and/or Regulation

Any and all laws, regulations, rules and/or other lawful direction given by Elkhart Health & Aquatics staff governing the use of the Facility shall apply to the reservation including, but not limited to terms and conditions contained on the reservation form. Any violation of applicable laws, regulations, rules and/or other lawful direction received may result in immediate termination of the reservation and removal from the Facility without refund as well as loss of the privilege to reserve Elkhart Health & Aquatics facilities in the future.

Initial: _____

Duration and Scope of Reservation

The Renter agrees to remain on-site for the entire duration of the reservation. The total time of the reservation, as identified on the reservation form, includes any and all set-up, clean-up, transitions between activities, and changing time. Party rooms are only available for use during the time designated on the reservation form and nothing may be stored and or placed in a party room. This reservation does not include the exclusive use of the pool. Initial: _____

By signing this document, I certify that I have carefully read the same and understand the terms and conditions contained herein. I acknowledge and understand this document contains a release of liability and agreement to indemnify Elkhart Health & Aquatics for all claims or causes of action relating to or arising out of this reservation.

Signature: _____ Date: _____
**Typing your name serves as your signature*

Print Name: _____

INTERNAL USE ONLY

Date Received: _____ Time Received: _____ Reservation Number: _____ Staff Initials: _____