



Thank you for choosing the GCCC for your Celebration. Please complete this form for a Leisure Pool Birthday Party Request: Leave the gray areas blank. Turn in your request to the GCCC Front Desk or email to abgarzadouglass@santafenm.gov. Call (505) 955-4008 for more information.

Organization/Individual: _____

Email: _____ Phone: _____

Address: _____

Date of the Party: _____ Time of the Party: _____

Leisure Pool Swim access for up to 15 swimmers (additional swimmers can be added at an additional fee of \$4/per youth and \$7/per adult). Bring your own food, desserts, and beverages. Skate Parties take place during Public Recreation sessions. Set up begins 30 minutes prior to your scheduled start time: Party must vacate at the end of the reserved time. **Initial:** _____

Applicant (Please Complete)	Staff Use Only
<p>Requested Party Space:</p> <ul style="list-style-type: none"> ● Classroom 1: <ul style="list-style-type: none"> ○ \$175.00 / 36 capacity ● Classroom 2: <ul style="list-style-type: none"> ○ \$175.00 / 36 capacity ● Community Room: <ul style="list-style-type: none"> ○ \$250 / 120 capacity 	<p>Check all that apply:</p> <p>Confirmed Party Space:</p> <ul style="list-style-type: none"> ● Classroom 1: \$175.00 ● Classroom 2: \$175.00 ● Community Room: \$250.00 <p>Party Date / Time: _____ / _____</p>

Please indicate how many additional party attendees you anticipate:

Additional Youth Swimmers _____ Additional Adult Swimmers _____

Fee is \$4/per youth and \$7/per adult: **Staff Use Only Additional Fee:** _____

Total Party Cost: _____

MORE INFORMATION ON THE BACKSIDE

ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY FORM

In consideration of the use of the property, facilities and/or services of City of Santa Fe Recreation Division or any Auxiliary organizations (Auxiliaries) participating or sponsoring recreational program, the undersigned agrees as follows:

1. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Recreation Division (physical sports, weight and cardiovascular training, dance, aerobics, swimming, ice skating, golf, sports clubs and any other programs and services sponsored by the Recreation Division or its associated Auxiliaries) involves risks such as RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care.
2. **ASSUMPTION OF RISK:** The undersigned ASSUMES ALL RISKS THAT ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACT OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE, including but not limited to, those RISK FACTORS described in section 1 above.

Items 1-2: _____(Initials)

3. **RELEASE:** The undersigned RELEASES the City of Santa Fe, the Auxiliaries, the officers, employees and agents of each (Released Parties) and agree NOT TO SUE the Released Parties for any claims, injuries, or damages, arising from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care. The undersigned understands that this release includes those claims, injuries or damages based on death, bodily injury or property damage whether or not caused by the negligent acts, omissions or other fault of the Released Parties.
4. **INDEMNIFY, DEFEND AND HOLD HARMLESS:** The undersigned agrees to INDEMNIFY AND DEFEND the Released Parties against, and hold them harmless from any or all claims, causes of action, damage judgments, costs or expenses, including attorney fees which in any way arise from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care, including those based on death, bodily injury or property damage.

Items 3-4: _____(Initials)

5. **PAY:** The undersigned agrees to pay for any or all damages to any property of the City of Santa Fe caused by the undersigned either negligently, willfully or otherwise.



CITY OF SANTA FE
RECREATION DIVISION

- 6. **REPRESENTATIVES:** The undersigned enters into this agreement for himself/herself, his/her heirs, assigns and legal representatives.
- 7. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.
- 8. **INSURANCE:** The undersigned understands that the City of Santa Fe and its Auxiliaries do not carry participant insurance. The undersigned is encouraged to have a physical examination and to purchase health insurance prior to any and all participation.
- 9. **PHOTOGRAPHS:** The undersigned understands and grants the City of Santa Fe permission to take photographs of me and my family participating in recreational activities for the purpose of publicizing recreational programs and facilities.

Items 5-9: _____ (Initials)

- 10. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement and realizes it relates to surrendering valuable legal rights and does so freely and voluntarily.

Item 10: _____ (Initials)

Signature: _____

Date: _____

Staff Signature: _____