

FOLSOM HISTORIC DISTRICT'S



ICE RINK

PARTY TENT RESERVATION

PLEASE PRINT

| | |
|---------------|-------|
| Contact Name: | |
| Email: | Cell: |

Organization Information

| | | |
|---------------|----------|--------|
| Company Name: | Address: | |
| Phone: | Website: | Email: |

Party Tent Options *(Your reservation is considered tentative until both availability is confirmed & form is received)*

| | | |
|-----------------|--|--|
| Date Requested: | Time Request (circle one): 9:30am-12:00pm 1:30pm-4:00pm 5:30pm-8:30pm | Skate passes sold separately on day of Tent Rental. If celebrating a birthday, the birthday kid skates free! |
|-----------------|--|--|

Payment Information



| | | |
|---------------|------------------|---------|
| Total: \$ | Date: / / | Check # |
| Credit Card # | Expiration: / / | CVV2: |
| Name on Card: | Billing Address: | |

Mail check to:

FHDA
PO Box 515
Folsom, CA 95630

SAVE TIME! Complete liability waiver and bring it with you. All skaters require a signed waiver. Email this completed Party Tent Reservation form to Judy@historicrofolsom.org. Please allow 2 business days for confirmation of your date and time.

Questions: (916) 936-4410

Signature of Representative _____ Date ____/____/____

By signing this document you agree to pay the amount of the selected items above. Full payment must be received no later than 10 days prior to your party. You must throw all trash away and leave the party pad area tidy upon exiting. No refunds.

RELEASE AND WAIVER OF LIABILITY
READ THIS RELEASE CAREFULLY AND SIGN BELOW

I am voluntarily agreeing to participate as a skater on the Ice Skating Rink sponsored by the Folsom Historic District Association located around the railroad turntable in the 800 block of Sutter Street. I UNDERSTAND THAT AS A PARTICIPANT I may be exposed to risks of damage to my personal property and personal injury to myself including, but not limited to the following: illnesses, contusions, lacerations, sprains, broken bones, head injuries, spinal injuries, respiratory problems, heart attacks, strokes or death. I hereby agree to accept and assume all responsibility for any and all risks of damage, injury, or death related to the activity, however caused, whether the risks are known or unknown to me. I further understand that ice skating is a risk and can be a dangerous activity and I may be injured by my own action or the actions of others.

In consideration of the Folsom Historic District Association allowing me to participate as an ice skater, I hereby agree that I and my heirs do hereby release the City of Folsom, Folsom Historic District Association, Studio 33 and vendors associated with the Skating Rink and their officers, employees, officials, agents and insurers, and the activity's promoters and sponsors involved in any way in the skating rink, against any and all claims, causes of action, liability or potential liability, arising out of my participation in the skating activity.

I agree to indemnify, defend and hold harmless the City of Folsom, Folsom Historic District Association, Studio 33 vendors, the activity promoter and sponsors and their officers, employees, officials, agents and insurers from any claims, lawsuits or demands which may be brought by me or any person on my behalf arising out of or in any way connected to my participation in this skating activity.

I agree to accept and abide by the rules and regulations of Studio 33 and the Folsom Historic District Association while participating in any skating activity. I give my permission to the officers and employees of the City of Folsom, Folsom Historic District Association, Studio 33 and vendors to photograph me or otherwise use my likeness for publicity materials or publications, and will not seek compensation of any type or amount for such use.

I ACKNOWLEDGE I HAVE READ AND AGREE TO THE TERMS OF THIS RELEASE AND WAIVER OF LIABILITY

Dated: _____ Telephone _____

Signature _____ PrintName: _____

Address: _____ City: _____ State: _____ Zip: _____

Dated: _____ Telephone _____

Signature _____ PrintName: _____

Address: _____ City: _____ State: _____ Zip: _____

Dated: _____ Telephone _____

Signature _____ PrintName: _____

Address: _____ City: _____ State: _____ Zip: _____

Dated: _____ Telephone _____

Signature _____ PrintName: _____

Address: _____ City: _____ State: _____ Zip: _____

Minor Children Must Have the Signature of a Parent or Guardian