

Revised May, 2023

Hillandale Swim & Tennis Association Event Reservation Form

Contact Activity Coordinator Maria Hippchen before submitting reservation form.
mbhippchen@gmail.com or 301-996-6782

Member Name: _____

Phone: _____ Email: _____

Event Date: _____ Time (check one): _____ 1 to 4 pm _____ 5 to 8 pm

Purpose of Event: _____

Number of Guests: Children (under 12): _____ Adults: _____ TOTAL: _____

_____ Reserve charcoal grill (party will provide charcoal)

Number of Guests

Fee

Up to 5 guests

\$5/guest (no reservation needed)

6-20 (one pavilion)

\$50 + \$5/guest

21-40 (both pavilions)

\$100 + \$5/guest

41 or more (both pavilions)
(Board approval required)

\$100 + \$5/guest + \$20/hour

Event Regulations:

- Members may begin setting up for their event 30 minutes before the start time.
- Guests MUST register at front desk, **sign guest waiver**, and wear guest wristband.
- Guests MUST follow pool rules.
- Sponsoring member(s) must be present on-site for the full duration of the event and maintain an orderly activity, and are responsible for the conduct of their guests and for all cleanup after the event.
- Absolutely NO alcohol or glass containers permitted.
- Only pavilions are reserved for party. Members and guests share all other amenities.
- If pool is closed for weather, we will schedule a rain date or refund the deposit/rental fee.
- If the pool is open but party does not occur, the deposit will NOT be refunded.
- The HSTA Pool Board reserves the right to require members or guests to leave the property and/or stop any event in progress and/or deny event requests by a member if it is determined that these regulations and the pool rules are being violated.

By signing below, the Member confirms they have read and understand the above Event Regulations and the pool rules, a copy of which is available on-site:

Signed: _____ Date: _____

Printed Name: _____

Instructions:

- At least one week before event, return signed agreement and \$50 deposit.
- In advance of the event, provide a complete guest list with contact information.
- On the day of the event, pay the balance of the fees (minus the deposit).

Paid: _____ (Make checks payable to H.S.T.A.)

Guest List

Member Name: _____

Phone: _____ Email: _____

Event Date: _____

Name	Address	Phone #	Child? (Y/N)	Waiver
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Hillandale Pool Guest Waiver (Revised 5/23)

The Hillandale Swim and Tennis Association (HSTA) is committed to providing a safe and welcoming environment for all members and guests. HSTA reserves the right to deny access to any person who does not follow the HSTA rules or otherwise act appropriately when using our facilities.

Guest Responsibilities: If prior to using any of the HSTA facilities, the undersigned individual ("Guest") has any concern about the condition or safety of the facilities, or if Guest believes anything relating to the facilities is unsafe, Guest will not enter the facilities and will promptly notify the HSTA lifeguards of Guest's concern. If at any time during the use of the facilities, Guest feels that anything related to the facilities is unsafe, or Guest feels unsure as to the safety of the activity in which Guest is engaging, Guest will immediately cease to participate and notify the HSTA lifeguards of Guest's concern.

Guest Assumption of Risk: Guest acknowledges and fully understands that Guest will be engaging in activities that involve risk of serious injury, including permanent disability and death, as well as severe social and economic losses, which might result not only from Guest's own actions or inactions, but from the actions or inactions or negligence of others; and that there may be other risks not known, or not reasonably foreseeable, at the time of such activity. Guest agrees to assume all the foregoing risks, and any others that may come from use of the HSTA facilities; and accepts personal responsibility and liability for the consequences of any injury, permanent disability, or death.

Release, Waiver of Liability and Indemnity Agreement. In consideration for being permitted to use the facilities, services, and programs of HSTA for any purpose, Guest hereby acknowledges and agrees to the following:

1. **GUEST HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE HSTA**, its directors, officers, employees and agents (hereinafter referred to as "Releasees") from all liability to Guest for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of Guest, which is in any way associated with Guest's presence in, upon, or about the premises or any facilities or equipment therein.
2. Guest hereby agrees to indemnify, save and hold harmless the Releasees and each of them from any loss, liability, damage, or cost they may incur which is in any way associated with Guest's presence in, upon, or about the HSTA premises or using any facilities or equipment of the HSTA or participating in any program affiliated with the HSTA.
3. Guest hereby assumes full responsibility for and risk of bodily injury, death, or property damage which is in any way associated with Guest's presence in, about, or upon the premises of the HSTA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the HSTA.

Guest further expressly agrees that the foregoing **RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT** is intended to be as broad and exclusive as permitted by law of the state of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

GUEST HAS READ AND VOLUNTARILY SIGNS THE RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Adult Guest/Parent or Legal Guardian: _____

Phone Number: _____ Email Address: _____

Child Guest: _____

Signed: _____ Date: _____

(For guests under 18, waiver must be signed by legal guardian.)