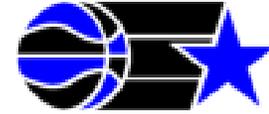




ELITE CENTER



BIRTHDAY PARTY AGREEMENT

Applicant Name _____

Person/Persons being celebrated _____

Phone # _____ Email _____

Address _____ City _____ ZIP _____

Party Date _____ Application Date _____

Party Start Time _____ Party End Time _____

Agreed Upon Terms:

BASE COST: \$325 for up to 12 attendees (Parents of attendees are free), for a 90 minute party

Each additional Attendee: \$10 (maximum of 30 attendees)

Additional Party Time (beyond the base of 90 min): \$75/additional 1/2 hour

_____ INITIAL HERE: \$100 non-refundable deposit will be paid along with the signed Birthday Party Agreement 30 days prior to the event.

_____ INITIAL HERE: Final Payment will be made 21 days prior to the event.

_____ INITIAL HERE: Final Guest List will be given 24 hours prior to the party. There will be an added charge for additional guests not listed on the Final Guest List of \$15/guest.

_____ INITIAL HERE: There will be 15 minutes allowed both before & after the agreed upon party time for set-up and post party clean-up. A prorated charge will be added for additional time used in the gymnasium outside of the agreed upon party duration equivalent to the above Additional Party Time rate.

_____ INITIAL HERE: Cancellations within 14 days of the party date will not be eligible for a refund.

_____ INITIAL HERE: Alcoholic Beverages are prohibited at the ELITE CENTER facility or property. Any violation of this prohibition will result in immediate termination of your event, the expulsion of all attendees from the facility and the forfeiture of any deposits and fees paid or owed to the ELITE CENTER.

_____ INITIAL HERE: Proper and professional conduct is expected at all times. If behavior is inexcusable, Elite Center LLC retains the right to ask any individual to vacate the premises.

_____ INITIAL HERE: Proper Athletic Shoes are required for participation on the ELITE CENTER gymnasium floor.

_____ INITIAL HERE: Any damaged or stolen property or equipment that may occur during the event will be the FULL responsibility of the applicant. The credit card on file will be charged an appropriate replacement/repair cost for the damaged or stolen property or equipment.

_____ INITIAL HERE: The ELITE CENTER is a non-smoking facility. Violators will be removed from the property.

_____ INITIAL HERE: Open flames are not allowed in the facility. Birthday candles are an exception.

_____ INITIAL HERE: All decorations MUST BE approved by Mike Ipjian, owner of the ELITE CENTER. Nails, screws, or any other hanging tools that may cause damage to the walls will not be permitted. Painter's tape is allowed, but the location of the decorations must be approved.

_____ INITIAL HERE: Due to health codes, live animals will not be permitted on the ELITE CENTER property.

_____ INITIAL HERE: I have included valid credit card information below to cover the remaining balance of the event fee.

_____ INITIAL HERE: I will have the parents of any basketball participants under the age of 18 sign the "Assumption of Risk for a Minor" waiver (page 3).

_____ INITIAL HERE: I will have all basketball participants that are 18 years of age and older sign the "Assumption of Risk ADULT" waiver (page 4).

Cardholder Name _____

Address _____ City _____ ZIP _____

Email _____ Phone # _____

Circle One: Visa Mastercard Discover

CC# _____ Expiration _____

Cardholder Signature _____

I have read and understand the terms above and
Agreed to on the _____ day of _____; 2015

Signature of the renter/applicant _____

Please complete the contract/agreement and return to the ELITE CENTER with the deposit.

Mail:
1841 Waukegan Rd.
Glenview, IL 60025

Email:
mikeipjian@comcast.net

**ELITE CENTER, LLC and ELITE INSTRUCTION, LLC
Waiver, Release of Claims, and Assumption of Risk for Minor**

I, as legal guardian or parent of _____, (hereinafter "Minor") hereby waive and release Elite Center, LLC, Elite Instruction, LLC, and IPM Investments, LLC from any and all liability for any injury or illness, regardless of severity, incurred by myself or Minor as a participant in an Elite Center, LLC or Elite Instruction, LLC class, workshop, event, program, or activity. I hereby authorize the staff and independent contractors of Elite Center, LLC, Elite Instruction, LLC, and IPM Investments, LLC to act according to their best judgment in any emergency requiring medical attention. I have no knowledge of any physical impairment that would affect my ability or Minor's ability to participate in a class, workshop, event, program, or activity. I further understand that Elite Center, LLC and Elite Instruction, LLC retain the right to use for publicity and advertising purposes photographs of participants in any Program.

As a participant or parent or guardian of a participant in the Program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or the above participant may sustain as a result of participating in any and all activities connected with or associated with such class, workshop, event, program, or activity.

I agree to waive and relinquish all claims I or the above participant may have as a result of participating in a Program against Elite Center, LLC, Elite Instruction, LLC, IPM Investments, LLC, and its officers, agents, servants and employees from any and all claims from the injuries including death, damage or loss which I or the above participant may have or which may accrue to me (us) on account of participating in the class, workshop, event, program, or activity.

Name of Student (print): _____

Email Address of Parent, or Guardian _____

Student Address (for identification purposes): _____

Signature of Student (or Parent or Guardian if Student is under 18 years of age) Date

ELITE CENTER, LLC, ELITE INSTRUCTION, LLC, IPM INVESTMENTS, LLC, & EVOLUTION YOGA, LLC

Waiver, Release of Claims, and Assumption of Risk ADULT

Notice: Before participating in this or any other exercise program, individuals should consult with a physician.

Voluntary Participation: I, the undersigned, acknowledge that I have voluntarily chosen and requested to participate in the class, workshop, event, program, service, or activity provided, sponsored, or hosted by Elite Center, LLC, Elite Instruction, LLC, IPM Investments, LLC, and Evolution Yoga, LLC.

Acknowledgement: I am aware that participation in the class, workshop, event, program, service, or activity may be hazardous. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I represent that I possess the level of health, strength, fitness, and flexibility necessary to participate in these activities. I am voluntarily participating in these activities with knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries, regardless of severity, that I may sustain due to my participation in these activities. I hereby authorize the staff and independent contractors of Elite Center, LLC, Elite Instruction, LLC, IPM Investments, LLC, and Evolution Yoga, LLC to act according to their best judgment in any emergency requiring medical attention. I further understand that Elite Center, LLC and Elite Instruction, LLC, IPM Investments, LLC, and Evolution Yoga, LLC retain the right to use for publicity and advertising purposes photographs of participants in any Program.

Release: In consideration for being permitted to participate in the class, workshop, event, program, service, or activity, I agree that I, my heirs, assignees, guardians, and legal representatives will not make any claim against, sue, or attach the property of any of the hosts, instructors, organizers, or participants in the class, workshop, event, program, or activity, including but not limited to Elite Center, LLC, Elite Instruction, LLC, IPM Investments, LLC, and Evolution Yoga, LLC and their respective independent contractors and staff, for injury or damage resulting from my participation in such class, workshop, event, program, service, or activity. I release all such hosts, instructors, organizers, and participants, their employees, independent contractors, agents and heirs from any and all actions, causes of actions, lawsuits, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or hereafter may have for any and all personal injury, illness, loss or damage to property associated with my participation in the class, workshop, event, program, service, or activity.

Name of Participant (print): _____

Signature of Participant _____

Email _____

Phone # _____