**Illinois State University Campus Recreation**

Please complete and return this request form to the Campus Recreation Event Coordinator at least ten (10) business days prior to your event. Completion of the request form does not guarantee that approval for use of Illinois State University’s Bowling and Billiards Center (BBC) will be granted.

**Bowling and Billiards Center Birthday Party Request Form**

**Contact Information**

Name: Email:

Phone: Address:

**Parent/legal guardian that will be on-site during the event (if different from above)**

Name: Email:

Phone: Address:

**Due to high demand, requested dates may be unavailable. Please list, in order of preference, up to four (4) possible dates and times:**

1. 2.

3. 4.

Total number of anticipated guests:

Of the total anticipated guests, how many will be participating in the activities during the event:

**Please check the birthday party package you wish to reserve:**

**Bowling Only –** 2 lanes for 2 hours for up to 12 bowlers (shoes included)

**Esports Consoles Only –** 3 consoles for 2 hours for up to 12 participants (rental games and controllers included

**Esports PC’s Only –** 12 PC’s for 2 hours for up to 12 participants (rental games and controllers included)

**Hybrid –** 2 bowling lanes for 1 hour (shoes included) and 12 PC’s or 3 consoles (rental games and controllers included) for up to 12 participants

**Add-ons are available (subject to availability). Please check the add-ons you would like:**

Additional lanes (includes 6 pairs of shoes): \_\_\_ lanes for \_\_\_ hour(s)

Additional console stations (includes rental games and controllers): \_\_\_ stations for \_\_\_ hour(s)

Additional PC’s (includes rental games and controllers): \_\_\_ PC’s for \_\_\_ hour(s)

**Will you be providing food during the event:** Yes \_\_\_ No \_\_\_

If you answered yes, please list the food items you wish to bring:

**Please review the following:**

* Illinois State University’s Facility and Space Use Policy:

<https://illinoisstate.edu/about/facility-space-use/>

* Campus Recreation’s birthday party rules: <https://campusrecreation.illinoisstate.edu/facilities/gaming-complex/parties-groups/>
* Illinois State University Protection of Minors Policy:

[1.19 Protection of Minors | University Policies and Procedures | Illinois Stathttps://policy.illinoisstate.edu/conduct/1-19/#:~:text=Please%20note%3A%20This%20policy%20becomes%20effective%20January%201%2C,minors%20are%20provided%20appropriate%20treatment%20and%20protections%20when e](https://policy.illinoisstate.edu/conduct/1-19/#:~:text=Please%20note%3A%20This%20policy%20becomes%20effective%20January%201%2C,minors%20are%20provided%20appropriate%20treatment%20and%20protections%20when)

* Campus Recreation’s birthday party rates: <https://campusrecreation.illinoisstate.edu/facilities/gaming-complex/parties-groups/>

By signing below, I attest that, if my request for use of the BBC facility is granted, I will abide by all Illinois State University rules and policies. Furthermore, I attest that I am at least 18 years of age and that if individuals under the age of 18 will be present, a parent and/or legal guardian, will be in attendance. Furthermore, if my request for use of the BBC facility is granted, for and in consideration of the opportunity to use the BBC, I, on behalf of myself and each party attendee (individually and collectively referred to as the “Undersigned”), acknowledge the existence of risk in connection with use of the BBC activities, including but not limited to, billiards, bowling, and/or any other activities (hereinafter referred to as “Activities”) provided in the BBC. Participation by the Undersigned in the Activities is purely voluntary and the Undersigned elect to participate with full knowledge of the risks of injury, illness, or damage to property. The Undersigned accept full responsibility for any injuries, illness, or damage to property that Participant may sustain in the course of such Activities. The specific risks vary from one activity to another, but potential risk include, but are not limited to: scratches, cuts, splinters, bruises, back injuries, seizures, eye injuries or loss of sight, or even death. These risks may result from the use of the BBC, from the Activities themselves, from the acts of others or from the unavailability of emergency medical care. The Undersigned acknowledge and agree that they are owed no extraordinary duty of care in connection with their participation in the Activities. The Undersigned hereby release, waive, discharge, indemnify, covenant not to sue, and agree to hold harmless for any and all purposes the Board of Trustees of Illinois State University (“Board”) (hereinafter referred to as the “University”), and its employees, officers, or agents (hereinafter collectively referred to as the “Releasees”) from any and all liability, claims, demands, causes of action, suits, losses, damages, property damage, property loss or theft, costs (including court costs and attorneys’ fees) or injury, including death, that may be sustained by the Undersigned while using the BBC and/or participating in any Activity whether caused by the negligence of the Releasees or otherwise. The Undersigned understand and intend that this Assumption of Risk and Release is binding upon the Undersigned and their heirs, executors, administrators, and assigns.

Signature Date

**Office Response Only:**

**Insurance Required?** Yes \_\_\_ No \_\_\_\_ **Certifacte of Insurance on file?** Yes \_\_\_ No \_\_\_

**Deposit Required?** Yes\_\_\_ No \_\_\_ **Amount of deposit required:** $\_\_\_\_\_\_\_\_\_\_

**Brochure, Registration Form, And/Or Other Advertising Used to Promote Event Received?** Yes\_\_\_ No \_\_\_

**Approved:** \_\_\_ **Denied:** \_\_\_ **Approved with restrictions:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Coordinator:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Coordinator:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Response Only:**

**Insurance Required?** Yes \_\_\_ No \_\_\_\_ **Certifacte of Insurance on file?** Yes \_\_\_ No \_\_\_

**Deposit Required?** Yes\_\_\_ No \_\_\_ **Amount of deposit required:** $\_\_\_\_\_\_\_\_\_\_

**Brochure, Registration Form, And/Or Other Advertising Used to Promote Event Received?** Yes\_\_\_ No \_\_\_

**Approved:** \_\_\_ **Denied:** \_\_\_ **Approved with restrictions:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Coordinator:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Coordinator:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Response Only:**

**Insurance Required?** Yes \_\_\_ No \_\_\_\_ **Certifacte of Insurance on file?** Yes \_\_\_ No \_\_\_

**Deposit Required?** Yes\_\_\_ No \_\_\_ **Amount of deposit required:** $\_\_\_\_\_\_\_\_\_\_

**Brochure, Registration Form, And/Or Other Advertising Used to Promote Event Received?** Yes\_\_\_ No \_\_\_

**Approved:** \_\_\_ **Denied:** \_\_\_ **Approved with restrictions:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Coordinator:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Coordinator:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_