

# FENCING PARTY CONTRACT

Birthday parties, scout parties, and other social engagements can be held at Fencing Institute of Texas. Parties may be in one hour or one and one-half (1 ½) hour increments on Saturdays from 2 PM to 8 PM and Sundays from 1 PM to 6 PM. Requests must be approved by Fencing Institute of Texas Board of Directors or General Manager prior to the engagement. Group parties may be held for a minimum of 6 and maximum of 15 participants at a cost of \$15.00 per participant. All fencing equipment is provided for participants; however, anyone owning appropriate equipment may bring that to use. Personal equipment will be inspected by the FIT Armorer.

Party Name: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Party Date: \_\_\_\_\_ Scheduled start time: \_\_\_\_\_ Scheduled end time: \_\_\_\_\_

We appreciate you choosing Fencing Institute of Texas for your birthday party celebration. Our hope is your party will be both memorable and entertaining. To help ensure the best possible experience we ask you to adhere to the following:

1. A **non-refundable deposit of \$50** is required to reserve the day and time; party reservations are awarded in the order requests are received. The remaining balance of the party must be paid in full the day of the party. Checks, cash and credit cards are accepted.
2. Please arrive at least 15-20 minutes before your party is scheduled to allow time for check in. Check in is located at the front counter.
3. All participants must have a signed participation agreement. Minor children must have a participation agreement signed by a parent or legal guardian. Please make copies of the attached Participation Agreement for your party members.
4. The party room is only accessible for the scheduled 1—1 ½ hour time block (as noted above).
5. Please arrange to bring your own drinks, food, cake and decorations including plates, cups, utensils and napkins. We do not provide anything for the party. You will be responsible for cleaning the table and food area after the party.
6. All food and drinks shall be consumed at the table area. No food or drinks are allowed on the fencing floor.
7. As it is very difficult to get children to focus on the fencing and safety rules after cake and presents, we ask that all food, drinks, and cake be consumed; presents opened; etc. after allowing the children to fence.
8. A coach will be assigned to your party. He/she will provide fencing instruction for your group. You are required to have one adult for every five (5) children to assist the coach with the fencing clothing and equipment.

Please contact Fencing Institute of Texas at (972) 444-8498 if you are in need of any further clarifications on the above, or have any special requirements. We thank you in advance for your cooperation in these matters. Once again we value your business and patronage, and look forward to seeing you soon.

**THE \$50 DEPOSIT WILL NOT BE REFUNDED IN THE EVENT OF CANCELLATION OR FAILURE TO SHOW UP FOR THE SCHEDULED PARTY.**

**I have read, understand, and agree to the above terms.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this contract with your deposit as soon as possible:

Scan and email to: [fenceintexas@sbcglobal.net](mailto:fenceintexas@sbcglobal.net)  
Mail to: Fencing Institute of Texas, Inc.  
11482 Luna Road, Suite 100  
Farmers Branch, Texas 75234  
FAX to: (214) 352-3819 or (817) 782-5957



**FENCING INSTITUTE OF TEXAS**  
**CREDIT CARD SERVICE or ELECTRONIC BANK DRAFTING SERVICE AGREEMENT**

The Fencing Institute offers payment through automatic credit card or automatic electronic bank drafting services. You will be notified by LynkSys via email when your account is charged. Please print legibly. **Complete either the Credit Card or the Bank Draft section, and the Account Authorization section.**

**AUTHORIZATION FOR FENCING PARTY PAYMENT**

**APPLICATION FOR (Party name):** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

I hereby authorize **Fencing Institute of Texas, Inc.** to charge the below referenced credit card account a one-time amount of \_\_\_\_\_.

Type of Card:  Visa  Master Card  Discover

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

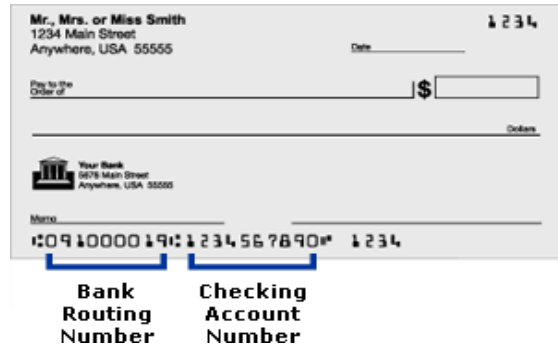
PRINT **Card Holder** Name: \_\_\_\_\_

Billing address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**BANK DRAFT AUTHORIZATION**

I hereby authorize Fencing Institute of Texas, Inc. to initiate one automatic withdrawal in the amount of: \_\_\_\_\_ via electronic fund transfer entries ("Entries") by means of the Automated Clearing House ("ACH") from the account listed below. I understand and agree to abide by the Operating Rules of the National Automated Clearing House Association ("NACHA") in existence as of the date of this Agreement and as amended from time to time (the "Rules") which govern all such transactions. I acknowledge that no Entries may be made that violate the Rules or the laws of the United States. I agree to indemnify the Originating Depository Institution ("ODFI") and any third party service providers involved in processing Entries made hereunder against all claim, demand, loss, liability, or expense including attorney's fees and costs that result directly or indirectly from my 1) failure to follow the Rules or 2) violations of law.



Type of Account:  Checking  Savings

PRINT **Account Holder** Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**ACCOUNT AUTHORIZATION SIGNATURE(S)**

\_\_\_\_\_  
Signature Date

Email Address: \_\_\_\_\_

## PARTICIPATION AUTHORIZATION

Please copy this form for each participant. They must have a signed form at the time of the party.

Birthday Party      Scouting Event      Other: \_\_\_\_\_

Participant's Name (please print): \_\_\_\_\_ Month/Year of Birth: \_\_\_\_\_ / \_\_\_\_\_

**CHECK ONE:**

- I am an adult student athlete, 18 years or older, and agree to ---
- I am the Parent of the named minor child (under 18 years of age) and agree to direct my child to --  
Cooperate and to conform with directions and instruction of the Fencing Institute of Texas (FIT), activity co-sponsors, and/or their representatives in charge of the activity, with the rules and regulations of the facilities, and all directions given by FIT personnel, activity co-sponsors, and/or their representatives.

All persons participating in these activities are deemed to have waived all claims against Fencing Institute of Texas, Inc., Irving, Texas, and its employees, and any co-sponsoring organization(s) for injury, accident, illness or death occurring during or by reason of participation in FIT activities.

◆ **WAIVER OF LIABILITY:** I understand that participation in any sporting activity carries a certain degree of risk for injury. Upon entering this activity, I agree to abide by the current rules and safety regulations of the Fencing Institute of Texas. Failure to follow these rules and regulations will result in expulsion and no refund of fees will be made. Expulsion is at the sole discretion of Fencing Institute of Texas' Board of Directors or Coaches and the decision may not be appealed. I enter this activity voluntarily and at my own risk and release the Fencing Institute of Texas, its Board of Directors, sponsors, and organizers from any liability, claims including attorney's fees and court costs, suits, demands, causes of action which may arise, or are alleged to arise, from the sole negligence or act or omissions of Fencing Institute of Texas, its officers, agents, employees, or officials. I understand that reasonable measures will be taken to safeguard the health and safety of the group and that I will be notified as soon as possible in case of an emergency.

◆ **CONSENT FOR MEDICAL TREATMENT:**  
This is to certify that on this date I give my consent to the Fencing Institute of Texas and its representative to obtain medical care from any licensed physician, hospital or clinic for the above named athlete for any injury or illness that may arise during this activity. In the event of sickness or accidents, I will not hold the administration or group sponsor responsible. In case of sickness or accident, I authorize the calling of a medical doctor and/or providing of other necessary medical services. I agree to pay for those medical services that are deemed necessary by medical authorities.

- I have no known physical or mental limitations
- I have the following physical or mental limitations: \_\_\_\_\_

**INSURANCE INFORMATION – not required for Friday Night Special**

	Primary Insurance	Secondary Insurance
Name of Carrier		
Name of Policy Holder		
Address of Carrier		
Policy Number		

◆ **PARTICIPATION AUTHORIZATION:** (check one of the following):

- As a parent or guardian of the above named minor, I give permission for this minor to participate in the program activity. I understand the proposed activity, the leadership accompanying the group, and all other circumstances relating to this activity.
- I have read and understand the foregoing statements and agree to assume the responsibility stated and waive all claims.

I certify that (I am/my child is) in good health and can participate in all known activities of the group. I further certify that I am in sound mental health and fully capable of making this waiver of liability.

\_\_\_\_\_  
Signature of Participant    Date    Signature of Parent/Guardian of Minor    Date

Participant (if 18 or older) or Parent/Guardian:

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

