



Station5ONE FALL & WINTER 2021 - 2022 PROGRAMMING GUIDE



STATION5ONE & MIDWEST HOOPSTARS FACILITIES

404 Olympia Drive - Bloomington, Illinois - 61704 | (P) 309-660-4854

Person/Organization Responsible: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Requested: STATION 5ONE COURT - # 1 #2 #3

(#) of Date(s) Requested: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Activity: \_\_\_\_\_

Room/Court Set Up Request: Other Basketball Volleyball

Number of expected participants: Adults: \_\_\_\_\_ Children: \_\_\_\_\_



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**FACILITY RENTAL PAYMENT OPTIONS**

CASH                       CERTIFIED CHECK (PAYABLE TO MIDWEST HOOPSTARS INC)

MASTERCARD    VISA    DISCOVER    AMERICAN EXPRESS

CARD NUMBER - \_\_\_\_\_ EXP DATE - \_\_\_\_\_

CARD HOLDER NAME - \_\_\_\_\_ CSC - \_\_\_\_\_

AUTHORIZED SIGNATURE - \_\_\_\_\_

**WAIVER & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

As a user of the above Station5ONE/Midwest HoopStars NFP Facility, I recognize and acknowledge that there are certain risks of physical injury and I and those in my charge agree to assume the full risk of any injuries, including death, damages, or loss which I and those in my charge may sustain because of participating in and all activities connected with or associated with such use of Facilities. I agree to waive and relinquish all claims I and those in my charge may have because of use of Facilities against the Station5ONE and Midwest HoopStars and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Station5ONE and Midwest HoopStars and its officers, agents, servants, and employees from all claims from injuries, including death, damage, or loss which I am those in my charge may have or which may occur to us on account of our participation in the use of the listed Facilities.

I further agree to indemnify and hold harmless and defend the Station5ONE and Midwest HoopStars and its officers, agents, servants, and employees from all losses sustained from injuries, including death, damages and losses sustained by me and those in my charge and arising out of, connected with, or in any way associated with the activities in the use of Station5ONE and Midwest HoopStars Facilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Adult Over 21)

Application Date/Time: \_\_\_\_\_ Received by: \_\_\_\_\_

Processed by: \_\_\_\_\_

Fee: \_\_\_\_\_

Date: \_\_\_\_\_ Deposits: \_\_\_\_\_

Reservation Number: \_\_\_\_\_