

GUEST OF HONOR: _____ Age _____ Birthdate _____

Responsible Party: _____ Phone _____

How did you hear about us? _____

REQUESTED PARTY DATE: _____

Signature of Responsible Party: _____

The party consists of about 45 minutes of instructional play, followed by 45 minutes of free exploration. There is a lobby at the gym that is converted into the party room for cake/food during the last half hour of the party. During the last 30 minutes the party participants are not allowed back in the gym to avoid anyone getting sick on the equipment. The party is a total of 2 hours, 90 minutes of activity and 30 minutes for socializing, food and gifts. One party worker will be provided, two tables and some seating. You may set up 15 minutes prior to the party beginning. The party will end promptly at the two hour mark and the party worker will take care of clean up as soon as guests have departed.

A General Liability Waiver will be provided at the entrance at the time of the party for participants' parents to sign. No additional paperwork is needed in advance.

****All children under the age of 5 will need an adult on the floor with them during the duration of the party, no exceptions! ****

Type of Party:	_____	WARRIOR	Obstacle Courses-Base Price \$150
	_____	NERF Ages 8+	Obstacles and Nerf equipment provided-Base Price \$165
Friday:	530p-730p	8p-10p	
Saturday:	130-330p	4-6p	7-9p

PARTY PACKAGES (table cloths, 20 place setting with small and large plates, napkins, utensils, and everything set up for you) :

Basic (Solid Colors) \$30:	BLUE	RED	ORANGE		
Licensed \$65:	TIE DYE	NERF	JUSTICE LEAGUE	MARVEL	PAINT SPLATTER
Deluxe Package \$100 (Includes gift bags, sweat bands for birthday kid, bottles of water, medals for all participants):	AMERICAN NINJA WARRIORS				

HOOSIER WARRIORS GYM OFFICE USE ONLY

Deposit: _____ Method Paid: _____ Date: _____

Balance Carried Over from Deposit: _____

Party participants present: _____ Additional: _____ @ \$5 each over 2 years old Balance Due: _____

EVENT NAME: _____

EVENT DATE: _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION, AND PHOTO RELEASE

As the legal guardian of (LISTED BELOW), I recognize that severe injuries, including but not limited to, permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, dancing, exercise programs, trampoline, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person to participate in any and all Hoosier Warriors Gym, LLC programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for allowing my child to use these facilities and participate in these programs, I, on my own behalf, and of my child and our respective heirs, administrators, executors and successors, hereby forever PROMISE NOT TO SUE and FOREVER RELEASE Hoosier Warriors Gym, LLC its officers, directors, shareholders, employees, contractors, volunteers, and all others associated with the corporation from all liability for any all damages and injuries suffered by my child while under the instruction, supervision, or control of Hoosier Warriors Gym, LLC. I am aware that individual and group publicity photos and videos are taken from time and time and in consideration for my or my child's participation I hereby grant my permission for my child's likeness to be used in Hoosier Warriors Gym, LLC publicity or advertising. In the event of an accident or emergency I hereby authorize my above mentioned child to be transported to a hospital for medical treatment and I hold Hoosier Warriors Gym or Hoosier Gymnastics and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at or for Hoosier Warriors Gym, LLC. I have read and understand this ACKNOWLEDGEMENT OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

<u>PARTICIPANT NAME</u>	<u>PARENT NAME</u>	<u>PARENT SIGNATURE</u>	<u>PHONE NUMBER</u>
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Balance Paid: _____ Method paid: _____ Date: _____

Signature _____