



BIRTHDAY PARTY AGREEMENT

Date: _____
Birthday Child: _____ Age: _____
Contact Person: _____
Address: _____
City: _____ Zip: _____
Phone (day) _____ Phone (evening) _____
How did you hear about us? _____

PARTY INFORMATION

Date of party: ____/____/____ Time: _____
of participants: _____ Approximate age of participants: _____

Children 4 years and under MUST be accompanied by an adult at all times while in the gym. Both parent and child must have a signed waiver on file. Depending on behavior, older children may also need to have an adult with them while in the gym.

COST

- 1 to 8 children/1 coach \$225.00 for 1.5 hrs
- 9 to 16 children/2 coaches \$275.00 for 1.5 hrs
- 17 to 24 children/3 coaches \$325.00 for 1.5 hrs

***Parties in excess of 24 children need to make special arrangements.**

- We will provide our own paper products; Flips-n-Flops will NOT need to provide paper products.

\$100 non-refundable deposit required at the time of the reservation; the balance is due at the beginning of the party.

Please call 48 hours before party with the number of guests expected.

Please note:

- No smoking, drugs or alcohol allowed.
- Please read and adhere to our "Birthday Party Rules;" attached.
- Please arrive and leave within 10 minutes of reserved time.
- The waivers must be turned in at the beginning of the party.
- 48 hours notice is required if change or cancellation of the party.
- This agreement should be filed with the office at least 15 days prior to the reservation date. A copy can be faxed to 510-234-3317.

_____ We have received and understand the "Birthday Party Rules."
(Initials)

Signature: _____ Date: _____



BIRTHDAY PARTY RULES

Flips-n-Flops Gymnastics wants your birthday party to go as smoothly as possible. To help you enjoy your party to its fullest, please make sure that you and your guests are aware of the following.

- ❖ Parties will begin and end promptly at the designated time. We will not be able to wait until all guests have arrived so make sure your guests arrive on time.
- ❖ All children must have a waiver signed by their parents only. Children 5 years and younger may need to be accompanied by a parent onto the gym floor and throughout the party.
- ❖ There will be one hour of gym time and 30 minutes of party time. Party time is broken into 15 minutes for cake and 15 minutes for opening presents.
- ❖ We provide the “fun!” But you provide the cake, juice boxes, kids, and camera!
- ❖ The Flips-n-Flops Gymnastics party room will be ready for use fifteen minutes before the start of the party. Tables, chairs, and paper products will already be set up for you. We do not have a separate parents area and we encourage your guests to drop children off and then pick them up at the end of the party.
- ❖ Flips-n-Flops Gymnastics staff uses the gym area to conduct the games and gymnastics activities. Only party participants and adults accompanying younger children are allowed inside the gym.
- ❖ We realize that it looks like a lot of fun, but because of insurance liability, we must insist that all adults stay off the gymnastics equipment AND trampolines—**THANX!!!**
- ❖ Any child not participating in the party needs to remain in the party room under active supervision by an adult.
- ❖ If you plan on providing food other than cake and juice you will need approval from the management prior to the date of the scheduled party. This addition will likely leave no time for present opening on site.
- ❖ No smoking, drugs, or alcohol allowed on Flips-n-Flops Gymnastics premises.

Thanks for helping Flips-n-Flops run a great party for your child!



**Waiver of Liability
and
Acknowledgment of Assumption of Risk**

I, _____,
(Printed Name of Parent or Legal Guardian)

as the parent or legal guardian of

_____ born on _____,
(Printed Name of Gymnast) (birthdate)

am aware that participation in the sport of gymnastics is a dangerous activity involving many risks of injury and that mortal or serious accidents occasionally occur during participation in this sport. Possible injuries may include, but are by no means limited to, injuries to the spinal cord, back, musculoskeletal or neurological systems and consequences thereof including permanent physical or mental impairment.

In consideration for allowing the above named gymnast to participate in the sport of gymnastics and use the gymnastics equipment and facilities at *Flips-N-Flops Gymnastics*, I hereby agree, as the above named gymnast, or, the parent or legal guardian of the above named gymnast, to waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the sport of gymnastics at *Flips-N-Flops Gymnastics*. This release is intended to discharge in advance of any injuries the owners, officers, directors, employees, agents or representatives of *Flips-N-Flops Gymnastics* from and against any and all liability arising out of or connected in any way with gymnast's participation in the sport of gymnastics at *Flips-N-Flops Gymnastics*, even though that liability may arise out of negligence or carelessness on the part of the persons or entities listed above.

Knowing and understanding the risks inherent in the sport of gymnastics, I, nevertheless, hereby agree to assume those risks and to release and hold harmless all of the persons or entities listed above who through negligence or carelessness might otherwise be liable to me or my heirs or assigns for damages.

It is further understood and agreed that this Waiver of Liability and Acknowledgment of Assumption of Risk is to be binding on the heirs and assigns of the above-named gymnast or the heirs and assigns of his/her parent or legal guardian.

Because of the dangers of the sport of gymnastics, I understand the importance of ensuring the above named gymnast follows the coaches' instructions regarding techniques, equipment safety, instructions on equipment use, training, and all rules of *Flips-N-Flops Gymnastics*, and the importance of obeying these instructions and rules.

Photographs may be taken during the time your child is in the gym for use on the website and in advertising. If you do not wish to have photographs of your child used please contact the office.

I HAVE READ AND THOROUGHLY UNDERSTAND THE SIGNIFICANCE OF THIS WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY AND KNOWINGLY AS TO ITS CONTENT AND INTENT.

Parent / Guardian Signature

____/____/____
Dated

Printed Name

Phone Number

Address City, State Zip Code

Child Allergies or Health Alerts (if any)