

Birthday Party Event Agreement

Kempo Academy of Westport, LLC
374B Post Rd E, Westport, CT 06880
(203) 557-0257

Name: _____

Address: _____

City/State/Zip _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Birthday Party Type Up To 15 Kids Additional Kids are \$15 each

- _____ **\$325.00 Basic Party Package**
- _____ **\$525.00 Super Kick Party Package**
- _____ **\$600.00 Bounce House Party**
- _____ **\$275.00 Bounce House Rental**

Extras

- _____ **\$15.00/each additional kid above 15**
- _____ **\$20.00/each additional Large Cheese Pizza**
- _____ **\$1.00/each bottled water**
- _____ **\$TBD Custom Cake**

_____ **Party Total Cost**

_____ **Party Date** _____ **Party Time**

Party Acceptance and Payment Information

Card type (circle one) _____ Visa _____ MasterCard _____ American Express _____

Name as it appears on Card _____

Card number _____ Exp Date _____ / _____

Billing Address _____ City/ State/ Zip _____

Print Name: _____ Signature: _____ Date: _____ / _____ / _____

- 1.) **Health Statement** – I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as herein stated. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I either had a physical examination and been given my physician’s permission to participate, or that I have decided to participate in activity and use of equipment and machinery without approval of my physician and do hereby assume all responsibility for my participation and activities, utilization of equipment and machinery in my activities.
- 2.) **Physical Limitations, Special Needs, Health Considerations or Conditions** - You, the Participant, agree to provide **written** evidence to staff of any medical conditions, limitations or problems which may affect your physical and/or mental well-being while using the facilities. You will provide this evidence prior to the beginning of the birthday Party. In absence of such evidence, it is considered by Kempo Academy of Westport, LLC that you represent yourself to be in good health, and able to participate in any and all chosen activities which this facility may provide.
- 3.) **Release of Liability** - I, the undersigned release Douglas DeBarger, **Kempo Academy of Westport LLC.** , and all persons associated, from any liability due to injuries, etc., that I may incur as a result of my attendance and /or participation in this party event. Furthermore, I hereby waive any compensation whatsoever for the use of pictures, movies, media coverage etc. utilized by those associated with this studio, at any time.
- 4.) **Hazards** – I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
- 5.) **Damage to Facilities and Rental Equipment** – I agree to pay for any damage I may cause to the facilities or Rental Equipment through accidental, careless, or negligent use or misuse thereof.

Print Name: _____ Signature: _____ Date: ___ / ___ / ___