

HABERSHAM COUNTY GYMNASTICS

BIRTHDAY PARTIES

PARTY DETAILS

- **2-hour party facilitated by 2 party instructors**
 - One hour for gym activities and one hour in party room
 - 15 free party guests (counting birthday child)
 - Your party instructors will set-up, lead fun group games, gymnastics and clean-up party
- **Pick your party theme:** Gymnastics, Cheer or Games
- **Parties held on available Saturdays each month**
 - Start times: 10:00 am, 12:00 pm or 2:00 pm
 - Guests can arrive 15 min before party
- **We provide tablecloths in your choice of 2 colors**
- **Cost: \$175.00**

BRING YOUR OWN:

- Party food, drinks, birthday cake
- Plates, cups, napkins, plasticware
- Decorations, balloons, birthday candles and lighter/match



**We guarantee your child's party will be a big hit with the children and no hassle for you
You provide the guests and we will help with the rest!**

CONTACT US

583 Grant St. (Old Clarkesville Mill)

(706) 754-5271



HABERSHAM COUNTY GYMNASTICS

BIRTHDAY PARTY RESERVATION FORM

CHILD'S NAME: _____ **BIRTHDAY:** _____ **AGE:** _____

PARENT #1 NAME: _____ **PARENT #2 NAME:** _____

PARENT #1 PHONE: _____ **PARENT #2 PHONE:** _____

ADDRESS: _____ **EMAIL:** _____

DATE OF PARTY: (1st Choice) _____ **START TIME:** _____

(2nd Choice) _____ **START TIME:** _____

of PARTY GUESTS: _____ (15 FREE party guests counting birthday child)

TABLECLOTH COLORS: (Choice of 2) _____ **AND** _____

PARTY RULES & POLICIES

Initial below:

1. ____ A non-refundable deposit of \$75 is due a minimum of one week before the party date. The balance will be due on the day of the party. There is a 3% convenience fee for all debit/credit card transactions. A \$37.00 fee will be assessed for returned checks.
2. ____ Party cancellations require a 72-hour notice prior to the party date. If party is cancelled without the required notice, the balance will still be owed.
3. ____ Parties are limited to 15 children - including the birthday child and siblings. Any additional guests can participate for a fee of \$10.00 per child.
4. ____ **ALL** party guests must have a completed waiver signed by a parent/guardian to be able to participate on the gymnastics equipment. No adults are permitted to be on the equipment at any time.
5. ____ All party attendees must leave the facility when the scheduled party time is over.
6. ____ Absolutely NO alcohol or tobacco use on the premises.

I HAVE READ THE PARTY RULES & POLICIES AND I WILL ADHERE TO THEM.

Parent Name (PRINT) _____ **Signature** _____ **Date** _____

Internal Office Use Only

| ITEM | RATES | AMOUNT TOTAL |
|---|-------------------------|--|
| Birthday Party | \$175 | \$175 |
| Additional Party Guests (more than 15) | \$10/each add. guest | \$10 x _____ (# of additional guests) = \$ _____ |
| | TOTAL AMOUNT DUE | \$ _____ |

STAFF _____ **DEPOSIT PAID \$** _____ **PMT TYPE** _____ **DATE** _____

STAFF _____ **BALANCE DUE \$** _____ **PMT TYPE** _____ **DATE** _____

HABERSHAM COUNTY GYMNASTICS

Habersham County Recreation Department GYMNASTICS LIABILITY WAIVER

DISCLAIMER: HABERSHAM COUNTY RECREATION DEPARTMENT AND STAFF IS NOT RESPONSIBLE FOR ANY INJURY, OR LOSS OF PROPERTY, TO ANY PERSON WHILE PRACTICING, TRAINING, COMPETING, TAKING CLASS, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, DEMONSTRATIONS, EXHIBITIONS OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS OR TUMBLING AT HABERSHAM COUNTY RECREATION DEPARTMENT FOR ANY REASON WHAT SO EVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF GYMNASTICS, OFFICERS, AGENTS OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not to sue Habersham County Recreation Department or any of their employees, teachers, coaches or agents from any and all present or future claims resulting from ordinary negligence from Habersham County Recreation Department or others listed for property damage, personal injury, or wrongful death, as a result of my engaging in or receiving instruction in gymnastics or any other activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns.

Further, I am aware that gymnastics and tumbling is a vigorous sporting activity involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs and that the mats and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. The risk of harm may be limited by all the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching, and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control of their actions or knowledge of the risks involved and hereby agree to accept my and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless the Habersham County Recreation Department, and all other listed for any and all claims arising as a result of my engaging in or receiving instruction from the staff of Habersham County Recreation Department activities or any activities incidental there to, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the State of Georgia.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence from Habersham County Recreation Department or any person listed above.

Participant (Child) Name _____

Parent/Guardian (PRINT) _____ Phone _____

Parent/Guardian Signature _____ Date _____