



Flip-Flop Gymnastics, LLC

Birthday Party Information



We hope you and your child have a GREAT birthday. To ensure that you have a wonderful time, we ask you to review the following procedures and information:



1.) COST:

\$165.00 up to 10 children

\$185.00, 11-13 children

\$220.00, 14-16 children

\$240.00, 17-20 children

\$10.00 each additional child

A \$50.00 non-refundable deposit is required to reserve your party date.

A T-shirt will be provided for the birthday child. Balloons & tootsie pops are given to all children.

Gratuity is appreciated! If you choose to tip the staff please do so in cash.

2.) PARTY DAYS & TIMES:

Birthday parties last for 1 ½ hrs.

Party times: Tues. 1-2:30

Saturday 1:30-3 & 3:30-5

3.) TIME SCHEDULE:

1ST Hour of FUN includes the following:

Obstacle courses, games, activities, our 30 foot Tumble Track trampoline, and Huge trampoline foam pit!

Next ½ hour is devoted to refreshments and present opening in our private birthday party room. A staff member will assist you with this ½ hour. The children will NOT be allowed back in the gym during or after this time.

It is very important that your guests arrive on time and are picked up promptly. We are on a schedule and have other classes and parties coming in after yours. Please remind your parents of this as you will be responsible for all of the children at the end of the party.

4.) THE PARTY AREA:

A refrigerator & freezer are available for you to keep refreshments in prior to your party. Everything must be removed after the party is over. Any decorations you decide to use must also be removed. The Flip-Flop staff will take care of all the cleaning.

5.) PARENTS DURING GYM

ACTIVITIES:

Parents may come in the gym on the floor area for pictures only. Parents are not allowed on any of the equipment due to our insurance policy. Thank you for your cooperation.

6.) WAIVERS:

Insurance waivers MUST accompany ALL birthday party attendees. Children that are not on the insurance waiver will NOT be allowed to participate in any gym activities. This is a restriction our insurance company has imposed.

7.) CHECK LIST:

What you may want to bring to your party:

Cake	Paper Plates
Candles	Ice Cream
Eating Utensils	Drinks
Matches	Paper cups
Napkins	Serving spoon
Goodie Bags	Decorations
Table Cloth	Knife (for cake)

If you have any further questions, please call us. Thank you.

(860)-526-4132

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www.flipflogym.com

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in the GYMNASTICS PROGRAMS I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue FLIP-FLOP GYMNASTICS LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Date: _____

Signature of participant

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed name of Parent/or Legal Guardian

Date: _____

Signature of Parent/or Legal Guardian