



Birthday party for:

Date:	Time:	
RSVP to:	RSVP by:	
When you RSVP, please	include the number of adults that will be staying for the party.	
Phone Number:		
E-mail:		
		762
lou're invited	to	
ame ce	lehratel a	
ome ce	IVNIUIV:	
This permission form	n must be returned the day of the	narty
•	articipating in any activities	. party
22.2.2	Please print clearly	
hild Attending:	Date of Birth:	
-mail Address:		

HOLD HARMLESS RELEASE FORM

No, I would not like to receive e-mail updates from TEAMWORKS.

Comfortable clothes and sneakers are recommended. Socks are required on all inflatable play structures.

______ State: _____ Zip Code: _____

I, the parent/guardian of the above party participant, hereby assume all risk and hazards incidental to participation in any and all league/tournament/clinic/school/camp/party activities at TEAMWORKS/ Indoor Sports LLC, including transportation to and from activities, I hereby waive/release/absolve/indemnify and agree to hold harmless the organizers/sponsors/supervisors/participants/corporation owners of the premises and persons transporting my child to and from activities for any claim arising out of injury to my child. I also understand that TEAMWORKS occasionally takes pictures during our programs/parties that are used for promotional materials and give permission to TEAMWORKS to use these pictures without compensation.

Parent/Guardian Signature Print Name Date