

SLEEPOVER PARTY CONTRACT

(Please fill in all information, sign, and return with payment)

Name of Birthday Child: _____ Age: _____

Mother's Name: _____ Father's Name: _____

Home Address: _____

Daytime Phone #: _____ Evening Phone #: _____

Date of Party: _____ Email Address: _____

Number of Guests Attending Party: _____ Ages of Participants: _____

Sleepover Time: **9pm – 7am**

Sleepover Cost: **\$525** (for up to 25 participants - \$10 for each additional participant)

Add on Rock Wall @ \$50: **YES / NO** Add on Ninja Warrior @ \$100 (first hour of sleepover only): **YES / NO**

EVERY CHILD NEEDS TO HAVE A WAIVER SIGNED BY THEIR PARENT OR LEGAL GUARDIAN (Grandparents, Relatives, Friends, etc. are NOT ACCEPTABLE) IN ORDER TO PARTICIPATE. We suggest sending a waiver with your invitations or they can be downloaded at www.paramountsportscomplex.com.

We require one responsible adult per 25 children to stay overnight. This adult is responsible for any damages incurred during the sleepover.

I have read and understand the waiver requirement and agree to be responsible for damages incurred.

_____ (print name) _____ (sign name)

AGREEMENT

This is an agreement between Paramount Sports Complex and _____ stating that _____'s party will be as stated above and have a total estimate cost of \$_____. **Payment is due at the time of booking the party.** Please make checks payable to Paramount Sports Complex, Inc. Extra participants may be paid for on the day of the party by cash or credit card. Paramount is a family facility. Smoking, drugs, alcohol and inappropriate behavior are strictly prohibited. All participants must be ages 13 or under. NO CO-ED SLEEPOVERS. We reserve the right to remove from the premises any participant not observing Paramount's terms and conditions.

CANCELLATION POLICY

Parties cancelled 6 weeks before the party will receive a full refund. Parties cancelled between 2 – 6 weeks before the party will receive a refund, less \$100 which will be credited to your Paramount account to be used within one year. If you need to cancel within 2 weeks of your party date, the payment will be held on account at Paramount for your use within one year. Parties may be rescheduled at no extra charge.

I understand that participation in this party will involve motion, rotation, and height in a unique environment and as such carries with it the risk of injury. The person signing this document assumes all medical responsibilities and costs incurred from participation in this party at Paramount Sports Complex, Inc.

Parent's Signature

Date

Gratuities to the birthday party staff are always appreciated but not required.

The following is for instructor use only:

Sleepover: \$525 Extras: \$50 for Rockwall / \$100 Ninja Warrior

Total Cost \$ _____ Check no: _____ CC Batch No: _____ Cash Rcpt Date/ID: _____

Each Addition Guest @ \$10 x _____ = \$ _____