



# GMA RESERVATION FORM



**Parents please complete this form and bring it with you to the schedule your Birthday party!**

Child's Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

By signing this waiver, you understand as a member parent or non-member parent that your child shall be engaging in physical activities, including but not limited to, training and instruction in the Martial Arts, which necessarily includes physical activity and contact which could cause injury to you (The "Activities, Games and Martial Arts Activities). You are voluntarily participating in the Activities and assume all risks of injury, both physical and mental, which might result. You hereby agree to waive any claims or rights you might otherwise have against the Seller (Gallatin Family Martial Arts), its affiliates, its organizations, its unions, its owners, its officers, its instructors, employees, agents and assigns (collectively the "Releases") for injury, loss or damage or death arising out of or relating to the Activities including, but not limited to, those risks which may be associated with or attributed to any negligent act, omission or fault of the Releases from and against any claim, loss or damages, including but not limited to their attorney's fees, court costs, and loss of income, to which they may be subjected arising out of, or relating to the training activities including, but not necessarily limited to, the "Waived Risks". You further agree to release Gallatin Martial Arts (all "Releases) from any liability for any loss or theft of personal property. The terms of this waiver shall survive the termination/expiration of the Membership Plan and shall continue in full force and effect with respect to any and all post Membership Plan use of the martial arts facility by member, or other post-membership plan affiliation of Member and Releases. I as the authorizing parent that scheduled the party assume any medical cost arising from the event and understand that all participating must have medical insurance to cover any injuries. You also understand all attending must fill out the GMA activity waiver prior to event. Member/Parent/Guardian warrant, represent, and agree that attending guests are in good physical condition and that he/she has no physical disability, impairment, or ailment preventing him/her from engaging in active or passive exercise or that will be detrimental or inimical to his/her health, safety, comfort or physical condition or that of others. Member/Parent/Guardian represents that he/she will not use the facility with any open cuts, abrasions, open sores, infections, maladies with the potential of harm to others, or otherwise in accordance with public health requirements. The management of Gallatin Family Martial Arts shall have the final determination in this regard. I consent that the photographs, videotapes, and/or motion picture film for which the student or attendee is in/posed- and/or audio recordings made of the student's voice-may be used by Gallatin Family Martial Arts for birthday party marketing and advertising purpose. Furthermore, I hereby consent that such photographs, films, and recordings—and the party discs, files, and tapes from which they are made—shall be the property of Gallatin Family Martial Arts and they shall have the right to sell to party attendees, duplicate, reproduce such photographs, video, and recordings as they may desire free and clear of any claim whatsoever on my part. Extra disks can be purchased for \$15.00 each.

***I also understand that deposits or any fees paid to reserve the party date is non refundable. We reserve dates and schedule staff so; we do not refund any fees because moneys are lost when a parent cancels a party date. The best we can do is rescheduling your party for the next open party date.***

**Deposit: \$ \_\_\_\_\_ No Refunds Total Paid: \$ \_\_\_\_\_ No Refunds if Paid in Advance**

***If you paid in-full and cancel the party one week (6 DAYS) before the event you will lose all your paid monies. Please understand we lose a party spot and do not have time to rebook a new party. As a courtesy we will rebook to the closest open party day for a \$25.00 rescheduling fee or we can offer your child a 2 month program as a courtesy credit. No Cash Refunds.***

Parent or Legal Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

Studio Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Party Date: Saturday \_\_\_\_\_ Balance Due \$: \_\_\_\_\_ No Refunds if Paid in Advance**

**Balance Due By: \_\_\_\_\_ any Cancellations or rescheduling must be 5 days prior to event:**