



Marietta Martial Arts

Birthday Party Reservation Form

Birthday Girl/Boy: _____ DOB: ___/___/___

Parents / Guardian names: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Birthday Party Date: _____ **Day:** _____ **Time:** _____

RSVP Contact Person: _____ **RSVP phone:** _____

RSVP Email: _____

I understand that the price includes a period of one and a half hours. The facility will be available 30 minutes prior to the start of the party to decorate. I understand that the deposit is non-refundable. X _____

MMA will print and send invitations to all invitees. MMA will have the invitations prepared within 3 to 5 business days from the day the guest list has been received. X _____

I understand that all guests (that are not currently students of MMA) must turn in a completed waiver in order to participate in the party. The waivers are provided to the guests in the invitation provided by MMA. Guests that do not have a waiver will not be allowed to participate in the physical activities of the party due to MMA's liability insurance requirements. X _____

I agree to abide by the rules and regulations of Marietta Martial Arts and understand that Marietta Martial Arts assumes no responsibility for loss of personal property. X _____

I assume all responsibility to participate in the birthday party. I hereby release Marietta Martial Arts, all instructors, staff, students, participants, and guests from any and all liabilities for any type of injuries or loss sustained before, during or after the birthday party. I also state that my child is in good physical condition and know of no reason why he/ she cannot participate. In the event of an emergency, I hereby authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and agree to bear the expense of any such treatment.

Signed: _____ **Date:** _____ MMA Staff _____

Birthday Party Price: \$ _____

Deposit (min \$50): \$ _____ Date Paid ___/___/___ X _____

Balance Due: \$ _____ Date Paid ___/___/___ X _____