



SoccerGemz Birthday Party Agreement

Party Requestor Name: _____ Selected Package Name: _____

Contact Number: _____ Party Date/Time: _____ Birthday Child Name: _____

Address of Party: _____ Number of Children: _____ Age Range: _____

- I understand upon booking a **SoccerGemz Birthday Party** that a **\$75 nonrefundable deposit** is due to secure the date of the party. The remaining balance for the **SoccerGemz Birthday Party** will be due on the day of party prior to it beginning. ****MASTERCARD OR VISA ONLY**
- I understand that I must provide a site for the **SoccerGemz Birthday Party** that has an area 20x30 patch of grass so games can be conducted.
- I understand that the Package selected has a set number of children to participate. Adding additional children onto a **SoccerGemz Birthday Party** package is **\$10 additional per child**.
- I understand that a party site that is **more than 10 miles** from the **SoccerGemz Lutz field** is subject to a travel fee of **\$25**.
- Should a site need Proof of Insurance coverage, you must notify **SoccerGemz** at least 1 week prior to the party date.

Certificate Holder Name: _____

Certificate Holder Address: _____

Party Requestor Signature: _____ Date: _____

SoccerGemz Signature: _____ Date: _____

TEXT COMPLETED FORM TO SOCCERGEMZ AT 813-421-5203 OR EMAIL WECARE@SOCCERGEMZ.COM

TO BE COMPLETED BY SOCCERGEMZ STAFF ONLY

Deposit Received On: _____ Deposit Amount: _____

Travel Fee: _____ Miles from field: _____ Additional Child (\$10 per): _____

Remaining Balance Due On: _____ Balance Amount: _____ Paid: _____

Check # _____ or Credit card _____

CUSTOMER RECEIPT:

Deposit Received On: _____ Deposit Amount: _____

Travel Fee: _____ Miles from field: _____ Additional Child (\$10 per): _____

Remaining Balance Due On: _____ Balance Amount: _____ Paid: _____

Check # _____ or Credit card _____



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I HEREBY ASSUME ALL OF THE RISKS FOR MY CHILD PARTICIPATING AND BIRTHDAY PARTY ATTENDEES AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any PHYSICAL risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by SoccerGemz, event holders, sponsors, and organizers of the activity or event in which MY CHILD OR BIRTHDAY PARTY ATTENDEES may participate, and that it will govern my actions and responsibilities at said activity or event. I understand that at this event or related activities, MY CHILD OR BIRTHDAY PARTY ATTENDEES may be photographed. I agree to allow photo, video, or film likeness to be used for any legitimate purpose by the SoccerGemz, event holders, sponsors, organizers, and assigns for future promotional purposes print or electronic. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Party Requestor Name Printed: _____

Party Requestor Signature: _____

Date: _____

SoccerGemz Signature: _____

Date: _____