



**BASH "Bash" Reservation**

**BASH Sports Academy**  
 2617 W. Fletcher • Chicago, Illinois 60618  
 773-588-BASH • www.bashsportsacademy.com

**1½ Hour Party. Cost: \$275 (All-Star Members \$200).**  
**20 child maximum. Each add'l child \$15.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Parent Name: \_\_\_\_\_  
 Child's Name \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guests		Guests	
Child's Name	Age	Child's Name	Age
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	

**Waiver and Release**

In consideration of participating in the activities at BASH Sports Academy, I, the parent and/or legal guardian of the birthday party guests listed above, represent that I understand the nature of the party activities and believe the participants to be qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue the participants' participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the participants' own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept all such risks and all responsibility for losses, cost and damages I incur as a result of the participants' participation in the Activity.

As parent and/or legal guardian of the birthday guests listed above, I hereby release, discharge and covenant not to sue BASH Sports Academy, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, the participant, or anyone on my or the participant's behalf makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

**Terms & Conditions**

1. 24 hours notice is required when canceling a party or you will be charged for the party.
2. Prices are subject to change at any time and without notice.
3. Payment is due prior to the start of the party.
4. Theft of product or training items will not be tolerated. Anyone caught stealing will automatically lose their privilege to use the facility. Participant(s) will be billed for the value of items stolen.
5. Good sportsmanship is expected at all times.

\_\_\_\_\_  
 Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
 Signature of Parent/ Legal Guardian/Manager

\_\_\_\_\_  
 Date

Payment Type    Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card:    Visa                    MC                    Discover

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code (3 digit code on back of card) \_\_\_\_\_

Total \_\_\_\_\_

Card Holder Signature \_\_\_\_\_