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## Niagara Academy Waiver

I hereby waive any right or cause of action of any kind whatsoever arising as a result of this activity, from which liability may accrue to the Niagara Academy of Tennis. I give permission for any pictures taken at the birthday party to be displayed publicly for future advertising purposes. Niagara Academy is not responsible for any items that are lost or stolen.

A \$50.00 non-refundable deposit is required to reserve your party. Your remaining balance will be due on the week prior to the birthday party.

Parent Signature: \_\_\_\_\_

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

### **For Office Use Only**

#### **Upon Booking:**

Received By: \_\_\_\_\_

Date: \_\_\_\_\_ Deposit: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

#### **After Party:**

# Of children: \_\_\_\_\_ Party Cost: \_\_\_\_\_ Additional Children: \_\_\_\_\_

Total: Deposit: \_\_\_\_\_ Amount Due: \_\_\_\_\_

#### **Payment:**

Method of Payment: \_\_\_\_\_ Amount Paid: \_\_\_\_\_



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## Niagara Academy Guest Waiver

I hereby waive any right or cause of action of any kind whatsoever arising as a result of this activity, from which liability may accrue to the Niagara Academy of Tennis. I give permission for any pictures taken at the birthday party to be displayed publicly for future advertising purposes. Niagara Academy is not responsible for any items that are lost or stolen.

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone(\_\_\_\_) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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