



# YOU'RE INVITED!

TO COME CELEBRATE A BIRTHDAY PARTY FOR

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

AT TEAMWORKS WARWICK (170 JEFFERSON BLVD, WARWICK, RI)

RSVP TO: \_\_\_\_\_ RSVP BY: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

When you RSVP, please include the number of adults that will be staying for the party.

This permission form must be returned the day of the party before participating in any activities.

PLEASE PRINT CLEARLY

CHILD ATTENDING: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## HOLD HARMLESS RELEASE FORM

I, the parent/guardian of the above party participant, hereby assume all risk and hazards incidental to attendance at and/or participation in any and all league/tournament/clinic/school/camp/party activities at Teamworks/ Indoor Sports LLC, including transportation to and from activities, I hereby waive/release/absolve/indemnify and agree to hold harmless the organizers/ sponsors/ supervisors/ participants/ corporation owners of the premises and persons transporting my child to and from activities for any claim arising out of injury to my child, including but not limited to out of or from any possible exposure to Covid-19 or other pandemic illness. I also understand that Teamworks occasionally takes pictures/videos during our programs/parties that are used for promotional purposes and give permission to Teamworks to use these pictures without compensation. In addition, I understand that Teamworks sends promotional emails and can opt-out of these emails at any time.

Parent/Guardian Signature

Print Name

Date

COMFORTABLE CLOTHES & SNEAKERS ARE RECOMMENDED. SOCKS ARE REQUIRED ON ALL INFLATABLE PLAY STRUCTURES