

Birthday Party Booking Form

Please ensure you read and understand all terms and conditions and check party booking details below.

DAY	DATE	3
BIRTHDAY CHILD'S NAME	AGE TURNING	

PARTY PLAN	LOLLY BAGS EXTRA \$2/PP Y/N	FOOD/DRINKS
1.5hrs Circus Fun 30mins Cake & Food		вуо

TOTAL NUMBER OF CHILDREN (including birthday child)

minimum 15 x kids / maximum 30 x kids

TOTAL COST (at \$45/pp inc price of \$2 bags if desired) \$

Less \$200 Deposit \$

Amount owing \$

I, ________, authorize Sydney Circus Company to process the above charges and any additional guests to the credit card below. I have checked all the party details and have read and agree to all the Terms and Conditions.

Name on Credit Card

Credit Card Number

Expiry Date / CCV / / CCV ____

1/ 42 William Street, BOTANY , Sydney

1/ 42 William Street, BOTANY , Sydney info@sydneycircuscompany.com 0420 201 466



Birthday Party Guest List

Please ensure you read and understand all terms and conditions and check party booking details below.

DAY	DATE	
BIRTHDAY CHILD'S NAME	AGE TURNING	

	GUEST NAMES	AGE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		





Birthday Party Guest List

Please ensure you read and understand all terms and conditions and check party booking details below.

DAY	DATE	
BIRTHDAY CHILD'S NAME	AGE TURNING	

	GUEST NAMES (CONTINUED)	AGE
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		



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Birthday Party Terms & Conditions

Please ensure you read and understand all terms and conditions



Terms and Conditions

- A \$200 deposit is required at time of booking to secure the date and time of your party.
- All Party Confirmation Forms must be received the weekend prior to your party, with final payment. You will be charged for the number of children confirmed prior to the party and any additional children that attend on the day.
- No money will be refunded once party numbers are confirmed and final payment has been received.
- Parties are limited to 30 children. For safety, children attending parties must be at least 6 years old.
 Children with additional needs will require adult supervision.

- Conditions of entry must be adhered to at all times to ensure the safety of all patrons within the Circus Training Space. Any children who do not follow instructions from staff may be excluded from all circus activities for safety reasons.
- food is not to be consumed on circus mats or equipment
- no shoes on circus mats or equipment.
- plates, cups, napkins etc, are only provided to children attending parties.
- fridge is available to store cake & drinks.
- All party guests are welcome to stay in the Centre after the party, however the party area must be vacated within fifteen minutes of the scheduled finish time.

Cancellations

If you wish to cancel your booking, please provide at least ten days' notice and your deposit will be refunded less a \$25 administration fee. If you cancel with less than ten days' notice the deposit is not refundable.



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Birthday Party Waiver Form

Please ensure you read and understand all terms and conditions

PARTICIPANT AGREEMENT RELEASE AND ASSUMPTION OF RISK STUDENT'S NAME (REQUIRED): ______ IF STUDENT IS UNDER 18. PARENT OR GUARDIAN'S NAME (REQUIRED) ______ YOUR EMAIL (REQUIRED)

IN CONSIDERATION OF THE SERVICES THAT SYDNEY CIRCUS COMPANY, THEIR AGENTS, OFFICERS, PARTICIPANTS, EMPLOYEES, AND OTHER PERSONS ACTING IN ANY CAPACITY ON THEIR BEHALF, I HEREBY RELEASE, INDEMNIFY, AND DISCHARGE SYDNEY CIRCUS COMPANY, ON BEHALF OF MYSELF, MY SPOUSE, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVE AND ESTATE AS FOLLOWS:

I, THE PARTICIPANT, ACKNOWLEDGE THAT MY PARTICIPATION IN AERIAL, ACROBATIC INSTRUCTION, WORKSHOPS, PERSONAL OR GROUP TRAINING, PERFORMANCE, AND/OR OTHER CIRCUS ARTS ACTIVITIES, ENTAILS KNOWN AND UNANTICIPATED RISKS THAT COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS, DEATH, OR DAMAGE TO MYSELF, TO PROPERTY, OR TO THIRD PARTIES. I UNDERSTAND THAT SUCH RISK SIMPLY CANNOT BE ELIMINATED WITHOUT JEOPARDIZING THE ESSENTIAL QUALITIES OF THE ACTIVITY. I UNDERSTAND THAT EACH PERSON HAS A DIFFERENT CAPACITY FOR PARTICIPATION IN CIRCUS ACTIVITIES, AND THE INJURIES, AND THE POTENTIAL RISKS MAY INCLUDE, BUT ARE NOT LIMITED TO, CUTS AND BRUISES.

SPRAINS, BROKEN BONES, JOINT INJURIES, AND OTHER PHYSICAL INJURIES OF MORE SERIOUS NATURE. I HEREBY WILLINGLY
ASSUME ALL HEALTH RISKS OR INJURY FOR MYSELF, AND ASSUME FULL RESPONSIBILITY DURING AND AFTER MY
PARTICIPATION IN THE CLASS/WORKSHOP/TRAINING SESSION/PERFORMANCE/OTHER ACTIVITY.

I ACKNOWLEDGE MY OBLIGATION TO IMMEDIATELY DISCONTINUE ANY ACTIVITY AND INFORM THE INSTRUCTOR OF ANY PAIN, DISCOMFORT, FATIGUE, INJURY, LIMITATIONS OR OTHER PROBLEMS OR SYMPTOMS THAT I MAY SUFFER OR BECOME AWARE OF BEFORE, DURING, AND IMMEDIATELY AFTER MY PARTICIPATION.

I HERBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS SYDNEY CIRCUS COMPANY FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION, WHICH IN ANY WAY ARE CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY OR MY USE OF SYDNEY CIRCUS COMPANY'S EQUIPMENT OR FACILITIES INCLUDING SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS OF SYDNEY CIRCUS COMPANY.

MY PARTICIPATION IN THIS ACTIVITY IS PURELY VOLUNTARY, AND I ELECT TO PARTICIPATE IN SPITE OF THE RISKS. I UNDERSTAND THAT NO AMOUNT OF CARE CAN ELIMINATE THE RISKS INHERENT IN LEARNING OR PERFORMING CIRCUS SKILLS. I EXPRESSLY AGREE TO ACCEPT AND ASSUME ALL OF THE RISKS EXISTING IN THIS ACTIVITY. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR THEIR PROPERTY DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST SYDNEY CIRCUS COMPANY ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED THM HEREIN.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO
BE BOUND BY ITS TERMS.

SIGNATURE OF PARTICIPANT OR PARENT AND GUARDIAN.

010	NATURE	D.4.T.F.	
		DATE	

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