



Birthday Party Package



Birthday Party Checklist

Thank you for choosing Sprouts Cooking School for your birthday party! Here you will find all of the forms you need to plan your child's special day for you and your guests. Once you have contacted Sprouts and have confirmed the date and time of your party, please complete the forms below and return to Sprouts.

For Parents of Birthday Child:

- Birthday Party Agreement
- Participation Waiver (for birthday child)
- Payment in Full (50% non-refundable deposit; remaining 50% on day of party)

For Your Guests:

- Participation Waivers*

*Please include with the invitations and submit one (1) week in advance of the party



Birthday Party Agreement

Basic Party Information:

Child First Name	Child Last Name	Birthday	Gender
Party Theme	Party Date	Party Time	Number of Participants (max. of 12)

Help me get to know your child - what types of flavors/decorations for cupcakes or toppings for pizza does your child like? Are there any other likes or dislikes?

Parent/Guardian Information:

Parent Name	Phone Number	Email
Address	City, State	Zip Code

Cost:

Basic Package (includes all food, shopping, food prep, set-up/clean-up, place settings, and ice cream sundaes):	\$360
<input type="checkbox"/> Option A: Homemade Pizzas (with variety of toppings)	
<input type="checkbox"/> Option B: Mexican Fiesta (homemade guacamole, queso, and tostadas)	
<input type="checkbox"/> Option C: Homemade Cupcakes and Decorating (chocolate or vanilla)	
A la Carte Options:	
<input type="checkbox"/> Customized Menu --- Price to be determined	
<input type="checkbox"/> 16-Piece Cupcake Decorating Gift Set for Birthday Celebrant --- \$35 (includes gift-wrapping)	
<input type="checkbox"/> 5-Piece Pizza Gift Set for Birthday Celebrant --- \$35 (includes gift-wrapping)	
<input type="checkbox"/> Party Favors (Ice Cream Scoopers and Sundae Recipe Cards) for All Participants --- \$55	
Total:	

If paying by check, please make checks payable to: Sprouts Cooking School
5352 Woodfield Drive North
Carmel, Indiana 46033

Guidelines:

- 50% deposit due at time of registration and is non-refundable, and remaining 50% due on day of event
- Maximum of 12 participants
- Space in the studio is limited. Other than the parents of the birthday celebrant, this is a "drop-off" party.
- All participants (including the birthday celebrant) must fill out a Participation Waiver one (1) week in advance. To ensure health and safety of participants, all known allergies (and pediatrician information) must be known prior to shopping for party ingredients
- Due to the fact that Sprouts Cooking School is a peanut and tree nut free cooking school, no outside food is allowed.
- The family of the birthday celebrant may arrive 15 minutes prior to your party time - no earlier please. Please have all other guests arrive no earlier than 5 minutes prior to the start of the birthday party.
- Other than hand-washing, Sprouts staff will not assist any Participant in the use of the bathroom
- Party duration is two (2) hours. Due to other events in the studio, participants should depart at the conclusion of the event
- Cameras and video equipment are permitted

I hereby understand the contents of the Sprouts Cooking School Birthday Party Agreement and agree to conform to the outlined party arrangements and guidelines. If not, I understand that my party may be immediately terminated.

Signature: _____ Date: _____



Birthday Party Participation Waiver

Participant Information:

First Name _____ Last Name _____ Gender _____ Birthdate _____

Parent/Guardian Information:

Full Name _____ Phone Number _____ Email _____

Address _____ City, State _____ Zip Code _____

Emergency Contact 1 _____ Contact 1 Phone No. _____ Emergency Contact 2 _____ Contact 2 Phone No. _____

Is the above parent/guardian dropping off? _____ If "No", who is picking up/dropping off? ** _____
** For liability reasons, Sprouts cannot release Participant to anyone other than the parent/guardian unless written notice is given to Sprouts by the Parent/Guardian prior to pick-up **

Release and Waiver:

I, the undersigned Parent/Guardian of the aforementioned Participant, in consideration for Sprouts Cooking School, LLC ("Sprouts") allowing the Participant's participation in a Sprouts birthday party (the "Program"), agree to the following:

Waiver of Liability. I understand that although the facilities, equipment and services of Sprouts and the Program are designed to provide a safe level of enjoyment, there is an inherent risk that use of such facilities, equipment, services and participation in the Program may result in injury. Therefore, I agree to specifically assume all risk of injury for Participant while Participant is using any of Sprout's facilities, equipment, services or participating in the Program and hereby waive any and all claims or actions that may arise against Sprouts or its owner and/or representatives as a result of such injury.

Assumption of Risk. Participation in the Program naturally may involve the risk of injury, whether Participant or someone else causes it. As such, the undersigned agrees that he or she understands and voluntarily accepts this risk on behalf of Participant and agrees that Sprouts will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss or any damage to Participant resulting from the negligence or other acts of Sprouts or anyone else using the facilities or participating in the Program. If there is any claim by anyone based on any injury, loss, or damage described herein, which involves Participant, the undersigned agrees to (i) defend Sprouts against such claims and pay Sprouts for all expenses relating to the claims, and (ii) indemnify Sprouts for all obligations resulting from such claims.

Allergy Statement and Release. Sprouts understands that there are a growing number of food allergies in young children. We are and will remain a peanut and tree nut free cooking school. We will also do our best to accommodate any other allergies if given advanced notice at the time of booking. If parents feel more comfortable, they are able to look at any labels ahead of time and discuss with the instructor. Food should be fun for everyone! In order to provide proper notice regarding an allergy, please fill out the below General Health Information:

Pediatrician's Name: _____ Office Phone No.: _____
Known Food Allergies: _____
Medications: _____
Other Condition(s): _____ Emergency Action Plan? _____

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Medication Administration. I further acknowledge and agree that it is my responsibility to bring any and all medications identified in the above General Health Information statement to the Program and to give said medication(s) directly to Sprouts staff in the original prescription container. I give Sprouts permission to administer such medication to the Participant in the event of an emergency and pursuant to a stated Emergency Action Plan. As parent/guardian of the Participant enrolled in the Program, I hereby give my consent for Sprouts authorities to take appropriate action for the safety and welfare of my child and hereby further agree to the following: (i) to give Sprouts permission to administer to the Participant the aforementioned medications in accordance with the stated Emergency Action Plan in the event of an emergency; (ii) in all cases the recommended dosage of any medication will not be exceeded; (iii) to give my permission to Sprouts to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care in the event there is an adverse reaction in the administering of medication; (iv) to be responsible for payment of any and all medical services rendered; and (v) to notify Sprouts immediately if there is a change in the Participant's medication and/or any Emergency Action Plan. I further recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child/guardian, and in consideration of Sprouts administering medication to the Participant, I do hereby fully release or discharge Sprouts, and its officers, agents, representatives, volunteers, and employees from any and all claims from injuries, damages, and losses I or the Participant may have, arising out of, connected with, incidental to, or in any way associated with administering of medication. I further agree to indemnify, hold harmless and defend Sprouts, and its officers, agents, representatives, volunteers, and employees from any and claims resulting from injuries, damages and losses sustained by me or the Participant and arising out of, connected with, incidental to or in any way associated with the administering of medication. I understand and acknowledge that Sprouts will not administer medication to a minor child or other participant until this Authorization to Administer Medication and Waiver and Release has been fully completed by a parent or guardian.

Photo Release. I hereby grant to Sprouts and its representatives the right to take photographs of the Participant in connection with the Program in which he/she is participating. I authorize Sprouts, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Sprouts may use such photographs with or without my name and for any lawful purpose, including but not limited to publicity, illustration, advertising and Web content. I further agree to release Sprouts from any expectation of confidentiality for the Participant and attest that, as the parent or legal guardian of the Participant, I have the authority to authorize Sprouts to use his/her photographs and/or name. I acknowledge that participation in publications and website produced by Sprouts confers no rights of ownership whatsoever.

I have read the Participation Waiver thoroughly and understand the terms herein. As the undersigned parent or legal guardian of the Participant, I hereby execute the foregoing Waiver for and on behalf of Participant and agree to bind myself, Participant and any heirs, next of kin, assigns or personal representatives to the terms of this Waiver. I represent that I have full legal authority to act for and on behalf of Participant, and I agree to indemnify and hold harmless Sprouts for any expenses, claims or liabilities that may arise as a result of any insufficiency of my legal authority to execute this Waiver.

Signature of Parent/Legal Guardian _____ Printed Name of Parent/Legal Guardian _____ Date _____



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Parent/Guardian Information:

Full Name _____ Phone Number _____ Email _____

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Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date



Birthday Party Participation Waiver

Participant Information:

First Name _____ Last Name _____ Gender _____ Birthdate _____

Parent/Guardian Information:

Full Name _____ Phone Number _____ Email _____

Address _____ City, State _____ Zip Code _____

Emergency Contact 1 _____ Contact 1 Phone No. _____ Emergency Contact 2 _____ Contact 2 Phone No. _____

Is the above parent/guardian dropping off? _____ If "No", who is picking up/dropping off? ** _____

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Known Food Allergies: _____
Medications: _____
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Signature of Parent/Legal Guardian _____ Printed Name of Parent/Legal Guardian _____ Date _____



Birthday Party Participation Waiver

Participant Information:

First Name _____

Last Name _____

Gender _____

Birthdate _____

Parent/Guardian Information:

Full Name _____

Phone Number _____

Email _____

Address _____

City, State _____

Zip Code _____

Emergency Contact 1 _____

Contact 1 Phone No. _____

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Signature of Parent/Legal Guardian _____

Printed Name of Parent/Legal Guardian _____

Date _____



Birthday Party Participation Waiver

Participant Information:

First Name _____ Last Name _____ Gender _____ Birthdate _____

Parent/Guardian Information:

Full Name _____ Phone Number _____ Email _____

Address _____ City, State _____ Zip Code _____

Emergency Contact 1 _____ Contact 1 Phone No. _____ Emergency Contact 2 _____ Contact 2 Phone No. _____

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Signature of Parent/Legal Guardian _____ Printed Name of Parent/Legal Guardian _____ Date _____



Birthday Party Participation Waiver

Participant Information:

First Name _____ Last Name _____ Gender _____ Birthdate _____

Parent/Guardian Information:

Full Name _____ Phone Number _____ Email _____

Address _____ City, State _____ Zip Code _____

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Birthday Party Participation Waiver

Participant Information:

First Name	Last Name	Gender	Birthdate
------------	-----------	--------	-----------

Parent/Guardian Information:

Full Name	Phone Number	Email	
Address	City, State	Zip Code	
Emergency Contact 1	Contact 1 Phone No.	Emergency Contact 2	Contact 2 Phone No.

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Other Condition(s): _____	Emergency Action Plan? _____

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Medication Administration. I further acknowledge and agree that it is my responsibility to bring any and all medications identified in the above General Health Information statement to the Program and to give said medication(s) directly to Sprouts staff in the original prescription container. I give Sprouts permission to administer such medication to the Participant in the event of an emergency and pursuant to a stated Emergency Action Plan. As parent/guardian of the Participant enrolled in the Program, I hereby give my consent for Sprouts authorities to take appropriate action for the safety and welfare of my child and hereby further agree to the following: (i) to give Sprouts permission to administer to the Participant the aforementioned medications in accordance with the stated Emergency Action Plan in the event of an emergency; (ii) in all cases the recommended dosage of any medication will not be exceeded; (iii) to give my permission to Sprouts to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care in the event there is an adverse reaction in the administering of medication; (iv) to be responsible for payment of any and all medical services rendered; and (v) to notify Sprouts immediately if there is a change in the Participant's medication and/or any Emergency Action Plan. I further recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child/guardian, and in consideration of Sprouts administering medication to the Participant, I do hereby fully release or discharge Sprouts, and its officers, agents, representatives, volunteers, and employees from any and all claims from injuries, damages, and losses I or the Participant may have, arising out of, connected with, incidental to, or in any way associated with administering of medication. I further agree to indemnify, hold harmless and defend Sprouts, and its officers, agents, representatives, volunteers, and employees from any and claims resulting from injuries, damages and losses sustained by me or the Participant and arising out of, connected with, incidental to or in any way associated with the administering of medication. I understand and acknowledge that Sprouts will not administer medication to a minor child or other participant until this Authorization to Administer Medication and Waiver and Release has been fully completed by a parent or guardian.

Photo Release. I hereby grant to Sprouts and its representatives the right to take photographs of the Participant in connection with the Program in which he/she is participating. I authorize Sprouts, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Sprouts may use such photographs with or without my name and for any lawful purpose, including but not limited to publicity, illustration, advertising and Web content. I further agree to release Sprouts from any expectation of confidentiality for the Participant and attest that, as the parent or legal guardian of the Participant, I have the authority to authorize Sprouts to use his/her photographs and/or name. I acknowledge that participation in publications and website produced by Sprouts confers no rights of ownership whatsoever.

I have read the Participation Waiver thoroughly and understand the terms herein. As the undersigned parent or legal guardian of the Participant, I hereby execute the foregoing Waiver for and on behalf of Participant and agree to bind myself, Participant and any heirs, next of kin, assigns or personal representatives to the terms of this Waiver. I represent that I have full legal authority to act for and on behalf of Participant, and I agree to indemnify and hold harmless Sprouts for any expenses, claims or liabilities that may arise as a result of any insufficiency of my legal authority to execute this Waiver.

Signature of Parent/Legal Guardian	Printed Name of Parent/Legal Guardian	Date
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Birthday Party Participation Waiver

Participant Information:

First Name _____ Last Name _____ Gender _____ Birthdate _____

Parent/Guardian Information:

Full Name _____ Phone Number _____ Email _____

Address _____ City, State _____ Zip Code _____

Emergency Contact 1 _____ Contact 1 Phone No. _____ Emergency Contact 2 _____ Contact 2 Phone No. _____

Is the above parent/guardian dropping off? _____ If "No", who is picking up/dropping off? ** _____

** For liability reasons, Sprouts cannot release Participant to anyone other than the parent/guardian unless written notice is given to Sprouts by the Parent/Guardian prior to pick-up **

Release and Waiver:

I, the undersigned Parent/Guardian of the aforementioned Participant, in consideration for Sprouts Cooking School, LLC ("Sprouts") allowing the Participant's participation in a Sprouts birthday party (the "Program"), agree to the following:

Waiver of Liability. I understand that although the facilities, equipment and services of Sprouts and the Program are designed to provide a safe level of enjoyment, there is an inherent risk that use of such facilities, equipment, services and participation in the Program may result in injury. Therefore, I agree to specifically assume all risk of injury for Participant while Participant is using any of Sprout's facilities, equipment, services or participating in the Program and hereby waive any and all claims or actions that may arise against Sprouts or its owner and/or representatives as a result of such injury.

Assumption of Risk. Participation in the Program naturally may involve the risk of injury, whether Participant or someone else causes it. As such, the undersigned agrees that he or she understands and voluntarily accepts this risk on behalf of Participant and agrees that Sprouts will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss or any damage to Participant resulting from the negligence or other acts of Sprouts or anyone else using the facilities or participating in the Program. If there is any claim by anyone based on any injury, loss, or damage described herein, which involves Participant, the undersigned agrees to (i) defend Sprouts against such claims and pay Sprouts for all expenses relating to the claims, and (ii) indemnify Sprouts for all obligations resulting from such claims.

Allergy Statement and Release. Sprouts understands that there are a growing number of food allergies in young children. We are and will remain a peanut and tree nut free cooking school. We will also do our best to accommodate any other allergies if given advanced notice at the time of booking. If parents feel more comfortable, they are able to look at any labels ahead of time and discuss with the instructor. Food should be fun for everyone! In order to provide proper notice regarding an allergy, please fill out the below General Health Information:

Pediatrician's Name: _____ Office Phone No.: _____
Known Food Allergies: _____
Medications: _____
Other Condition(s): _____ Emergency Action Plan? _____

Notwithstanding the above, the undersigned acknowledges and agrees that he/she is aware of the risks associated with allergies and that participation in the Program will expose the Participant to food, activities and persons that may result in exposure to allergens and injury and, in that regard and assuming such risks, the undersigned hereby fully releases and discharges Sprouts from any and all liability and/or responsibility to the Participant, the undersigned, or any third party for death and/or injuries to the Participant, and/or any direct, indirect, punitive, incidental, or any damages that arise out of or relate to Participant's participation in the Program and/or exposure to food allergens.

Medication Administration. I further acknowledge and agree that it is my responsibility to bring any and all medications identified in the above General Health Information statement to the Program and to give said medication(s) directly to Sprouts staff in the original prescription container. I give Sprouts permission to administer such medication to the Participant in the event of an emergency and pursuant to a stated Emergency Action Plan. As parent/guardian of the Participant enrolled in the Program, I hereby give my consent for Sprouts authorities to take appropriate action for the safety and welfare of my child and hereby further agree to the following: (i) to give Sprouts permission to administer to the Participant the aforementioned medications in accordance with the stated Emergency Action Plan in the event of an emergency; (ii) in all cases the recommended dosage of any medication will not be exceeded; (iii) to give my permission to Sprouts to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care in the event there is an adverse reaction in the administering of medication; (iv) to be responsible for payment of any and all medical services rendered; and (v) to notify Sprouts immediately if there is a change in the Participant's medication and/or any Emergency Action Plan. I further recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my child/guardian, and in consideration of Sprouts administering medication to the Participant, I do hereby fully release or discharge Sprouts, and its officers, agents, representatives, volunteers, and employees from any and all claims from injuries, damages, and losses I or the Participant may have, arising out of, connected with, incidental to, or in any way associated with administering of medication. I further agree to indemnify, hold harmless and defend Sprouts, and its officers, agents, representatives, volunteers, and employees from any and claims resulting from injuries, damages and losses sustained by me or the Participant and arising out of, connected with, incidental to or in any way associated with the administering of medication. I understand and acknowledge that Sprouts will not administer medication to a minor child or other participant until this Authorization to Administer Medication and Waiver and Release has been fully completed by a parent or guardian.

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Signature of Parent/Legal Guardian _____ Printed Name of Parent/Legal Guardian _____ Date _____



Birthday Party Participation Waiver

Participant Information:

First Name _____ Last Name _____ Gender _____ Birthdate _____

Parent/Guardian Information:

Full Name _____ Phone Number _____ Email _____

Address _____ City, State _____ Zip Code _____

Emergency Contact 1 _____ Contact 1 Phone No. _____ Emergency Contact 2 _____ Contact 2 Phone No. _____

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Signature of Parent/Legal Guardian _____ Printed Name of Parent/Legal Guardian _____ Date _____

Thank you for choosing us to
celebrate your Sprouting Chef's
birthday!

