

COOL-OLGY
WONDER EXPLORE DISCOVER
WWW.COOL-OLGY.COM
CLAUDIA ESPOSITO
319 BARTLETT DRIVE MADISON, CT 06443
(203) 435-5074

Contract for:

- Party to be held on (date) _____ at _____AM/PM.

- _____ theme consisting of four to five experiments/activities (depending on how long children take with each activity).

- Cool-ology will provide all supplies for the activities for up to 15 children (exact number of children must be confirmed by _____).

- Deposit of \$50 due by _____. Final payment of _____ due the day of the party*. Please sign and date the release below, and along with the deposit, send it to the address above.
*\$15-\$18 per child

- Adult supervision is required during the party.

Safety at a Cool-ology party is of utmost concern.

Release

I will assume responsibility for any hazards on behalf of my child and all of the guests participating in the _____ birthday party held at _____ and hereby waive, release and hold harmless Cool-ology, LLC from and against any and all claims, injuries, liabilities or damages arising out of or related to participation in the Cool-ology party. The Terms shall serve as release and assumption of risk of my heir, heirs, executor and administrator and all family and guests. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Parent or guardian's name (please print):

Parent or guardian's signature:

Today's date: _____