



Circus Class Registration, Hospital and Model Release Form

Name of Class: _____

In the event that emergency medical attention is needed for my son/daughter, I understand that the Circus Harmony and its employees will make every effort to contact me immediately. In the event that I cannot be reached, I release medical authorization to Circus Harmony and its employees to obtain the necessary emergency medical attention for my son/daughter until I am reached.

By signing this form, you are granting the Circus Harmony the right to photograph and otherwise record and use you/your child's picture, silhouette and other reproductions of their physical likeness, and voice recording (as the same may appear in any still camera photograph and/or video, motion picture film, or television program), in and with the exhibition, theatrically, on television or otherwise in any other medium, of any video, motion picture or television program in which they may be used or incorporated, and also in advertising or publicizing of the same.

PLEASE PRINT

Student's Name: _____ Gender: _____ Age: _____ Date of Birth ____/____/____

School/Work Place: _____ Grade/Job: _____

Parent/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Emergency Contact (This person will be called if Parent/Guardian cannot be reached):

Name: _____ Relation to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ Group Number: _____ Member Number: _____

Student has the following pre-existing medical conditions: _____

Student takes the following medications: _____

Student is allergic to the following medicines: _____

Student is allergic to the following foods: _____

Additional comments or conditions that the Circus Harmony Teachers should be aware of: _____

How did you hear about our Circus Harmony? _____

I have read this Consent and Release and fully understand and consent to the above.

Signature: _____ Date: _____

Payment Method

_____ Cash _____ Check or Money Order (made payable to Circus Harmony)

_____ Credit Card _____ Visa _____ Discover _____ MasterCard

Card Number _____ Expiration Date: _____ CVV Code: _____

Name as it appears on card: _____

Signature: _____

CIRCUS HARMONY

Participant Agreement, Release, Assumption of Risk, Hospital, and Model Release

In consideration of the services of Circus Harmony, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CH"), I hereby agree to release, indemnify, and discharge CH, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that taking a clinic in circus skills 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 risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Circus activities entails certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, circus students would not improve their skills, and the enjoyment of the activities would be diminished. Circus activities expose its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants can fall off equipment, sprain or break wrists and ankles, and can suffer more serious injuries as well. Traveling to and from shows, meets or exhibitions raises the possibility of any manner of transportation accidents. In any event, if you or your child is injured, your or your child may require medical assistance, at your own expense. Furthermore, CH employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CH from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CH's equipment or facilities.

4. Should CH or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against CH, I agree to do so solely in the state of Missouri, and I further agree that the substantive law of Missouri shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

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By signing this document, I acknowledge that if anyone is hurt or property is 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 CH on the basis of any claim from which I have released them 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 _____ Print Name _____ Age: _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ e-mail address: _____ Date _____

PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)
("Minor") being permitted by CH to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CH from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____