

Release of Liability

Signature:_____

PLEASE READ CAREFULLY

| Name(s | s) of Participant: |
|---|--|
| Name o | f Parent/Guardian (if under 18): |
| I release staff from out of o the part under t Officers | e of Liability see and hold harmless CircusWest Performing Arts Society, its Directors, Officers and om any and all liability, claims, demands, and causes of action whatsoever, arising or related to any loss, damage, or injury, including death, that may be sustained by ticipant and/or the undersigned, while in or upon the premises or any premises he control and supervision of CircusWest Performing Arts Society, its Directors, and staff or in route to or from any of said premises. I've read the above and agree. |
| The und medical contact declare | lersigned gives permission to CircusWest its Directors, Officers and staff to seek treatment for the participant in the event they are not able to reach an emergency. I hereby declare any physical/mental problems, restrictions, or condition and/or the participant to be in good physical and mental health. I've read the above and agree. |
| GEN | ERAL GYM RULES |
| • | Adhere to CircusWest Gym rules as posted. Use Circus Equipment safely Use equipment only and as specified under agreement with Gym Supervisor and as specified in a written agreement. Be cautious and aware of your surroundings when moving in the gym at all times. Return all requipment after use to its original location. Use standard safety equipment when training such as mats and safety lines. |
| Print na | nme: |
| Email: _ | |
| Phone: | DOB: |
| Address | 5: |
| City: | Postal: |
| | |