

CIRCUS CENTER GENERAL RELEASE

BECAUSE PARTICIPATION IN CIRCUS CENTER CLASSES MAY BE DANGEROUS, WE REQUIRE ALL PARTICIPANTS TO ASSUME ALL RISK BY SIGNING THIS GENERAL RELEASE

The Undersigned, for himself/herself and personal representatives, assigns, heirs and next of kin or any of them:

1. Hereby Releases, Waives, Discharges and Covenants Not To Sue the Circus Center and each of its officers, employees and agents all for purposes herein referred to as Releasees, from liability to the Undersigned, his/her personal representatives, assigns, heirs and next of kin for all loss or damage and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, whether caused by the negligence of Releasees or otherwise while the Undersigned is upon the premises of the Circus Center and/or a participant in Circus Center classes; and,
2. Hereby Agrees To Indemnify And Save And Hold Harmless the Releasees and each of them from any loss, liability, Damage or cost they may incur (1) due to the presence or any action of the Undersigned in or about the Circus Center and/or (2) due to the participation in Circus Center classes whether caused by the negligence of the Releasees or otherwise.

The Undersigned expressly agrees that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned warrants the following statements are true and correct and understands that the Releasees have relied on them in entering into the foregoing Release, Waiver and Indemnity Agreement and in giving the Undersigned permission to enter the premises of the Circus Center and to participate in Circus Center classes:

1. No oral representatives, statements or inducements apart from this written agreement have been made.
 2. The Undersigned individually is fully aware of the risks and hazards inherent in entering upon the premises of Circus Center or in participating in any events or classes held in or upon the premises of Circus Center and hereby elects voluntarily to enter upon said premises, knowing the present condition and knowing that said condition may become more hazardous and dangerous during the time that the Undersigned or either of them are upon said premises. The Undersigned is fully aware that trapeze and circus stunts and all activities associated with participation in the Circus Center classes is a calculated risk sport and contains inherent risks and dangers (including serious injury and death), that no amount of care, caution, instruction, or expertise can eliminate. The participant knows and understands the scope, nature, and extent of the risks involved in the activities contemplated by this agreement. The Undersigned individually hereby voluntarily assumes all risks of loss, damage or injury that may be sustained by them, or any of them, any damage to any property of the Undersigned, or any of them while in or upon the premises of the Circus Center or a participant in Circus Center classes.
 3. That he/she gives consent to whatever medical care might be provided or available on the premises and Further agrees to conform and comply with all the rules and regulations of the Circus Center.
1. HE/SHE HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT.

PARTICIPATION IN CIRCUS CENTER CLASSES MAY BE DANGEROUS.

In witness whereof each of the Undersigned has executed this release dated this day: _____

PARENT'S SIGNATURE: _____

PLEASE PRINT STUDENT'S NAME: _____

Circus Center
755 Frederick St, San Francisco, CA 94117
Phone: (415) 759-8123 Fax: (415) 876-5036 www.circuscenter.org

Circus Center
Emergency Information

Student's Name: _____ M/F _____ Date of Birth _____
Student's (Sibling 1) Name: _____ M/F _____ Date of Birth _____
Student's (Sibling 2) Name: _____ M/F _____ Date of Birth _____

Emergency Contact 1:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact 2:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact 3:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Information:

Insurance Carrier: _____
Subscriber name: _____ Subscriber Number: _____
Group Name: _____ Group Number: _____
Doctor: _____ Doctor's phone: _____
Doctor's Office Address: _____

Medical History:

Please list any health challenges or allergies your child may have (asthma, allergy to penicillin, bee stings, etc.): Please list any medications regularly taken:

Please list any mental, emotional, or behavioral challenges your child may have.

In the event of a medical emergency, and if I am not available, I authorize Circus Center staff members to use their best discretion in obtaining medical treatment for my child. I indemnify and agree to hold harmless Circus Center, it's agents, and it's employees from any and all liability from an injury suffered by my child resulting from or connected with taking classes or performing with the Circus Center. I agree to assume all risk for any injuries received.

Parent or Guardian: _____ Date: _____



Circus Center Media Release

I, _____ (Name of Parent), hereby give my consent for the collection of video, audio, and photographic materials of my child, _____'s (Name of Child) likeness. I understand that the collected materials may be deposited into the permanent collection of the Circus Center and agents working on their behalf. I consent to the use of the collected materials for any and all non-commercial purposes, including, but not limited to, educational and instructional media, recruitment and outreach media, development media, Internet and viral media, and newsworthy media documentation. By giving permission, I understand that I do not give up any copyright or performance rights that I may hold.

I hereby waive any right I may have to inspect or approve any use of the collected video, audio, and photographic media, and I release Circus Center and its component parts from all liability which could result from its use.

I agree that Circus Center, its component parts and agents, may use my name, video, photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval.

Child's Name _____

Parent's Name _____

Parent's Signature _____ Date _____

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Additional Information

Please list the people who have permission to pick your child up:

Does your child have permission to leave on their own?

Would you like to include your information in a contact sheet that is shared with other SF Youth Circus families? If so, please **only** add the information you would like shared.

Child's Name:

Child's Email:

Child's Phone:

Parent's Name:

Parent's Email:

Parent's Phone:

School child is attending this year:

Neighborhood child lives in:

Would you like to be added to the Parent Google Group?

Would you like to be added to Circus Center's newsletter? This is the best way to receive news regarding Circus Center.

