**Circus Center Medical Release**

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, its agents, and its 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian’s Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 the Circus Center and agents working on their behalf. I consent to the use of the collected materials for any and all noncommercial 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: \_\_\_\_\_\_\_\_\_\_**

**Rising Stars Contract**

Expectations for a Rising Star:

* Behave in a focused and disciplined way during training time.
* Always put your best effort forth to complete the exercises and activities during training.
* Meet the expectations for strength, flexibility, and basic acrobatics set forth in the basic skills evaluation (formal evaluations are done 1-2 times each year).
* Commit to the training schedule in the fall, winter, and spring with 10 or less absences. Attend all mandatory classes, rehearsals, and performances.
* Meet the training expectations of at least 60 hours during the summer months.
* Commit to the major special events, including the Winter Showcase and the Spring Recital.
* Be an active member of Rising Stars. Have a positive and supportive attitude toward the group and the members in it.

I am committed to being a fully participating member of Rising Stars in 2018-19. I have read through the Registration Packet as well as the 2018-19 Youth Program Handbook. I agree to abide by the rules and expectations set forth in the Registration Packet and Handbook to the best of my abilities.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_