

CIRQUE M



Waiver 3/14 Industrial Avenue Mudgee 2850 ABN 24946188743

Participants details:

#1 First Name: _____ Middle Name: _____ Last name: _____

#2 First Name: _____ Middle Name: _____ Last Name: _____

#3 First Name: _____ Middle Name: _____ Last name: _____

D.O.B (dd/mm/yy) _____ / _____ / _____

I am the guardian / parent of the above child / children (please circle)

Parent or guardian full name: _____

Address: _____

Email: _____

I would like to receive Cirque M timetables/news hub updates from time to time: Y / N (please circle)

Contact Number: _____

Emergency contact name: _____

Emergency contact number: _____

Medical concerns/pre-existing injuries: _____

Photo/video release: I give permission for my own or my child's photo/film to be taken during the course of the activity and which may be used in Cirque M promotional material to help promote circus to others. Y / N (please circle)

Please read carefully before signing:

I understand that Cirque M aim to take all necessary and reasonable precautions and care, to make a safe training environment, from the moment you enter the building of Cirque M. (Hereafter stated as the Building) I understand that Cirque M have rules in place to aid participants in understanding protocol and etiquette within the Building, to ensure safety of all persons within the Building. I, the undersigned, hereby acknowledge that certain risks of injury are inherent in participation in circus skills training. I am aware that circus skills, circus stunts and all associated activities (hereinafter referred to the 'Activities or Activity') contain inherent risks and dangers that no amount of care, caution, instruction or expertise can eliminate, and I am voluntarily participating in these Activities. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I understand that the dangers and risks of participating in these Activities include, but are not limited to, serious physical injuries, long term disability, death, fractures, sprains and strains among others. These types of injuries may be minor or serious and may result from one's own actions, or actions or inactions of others, or a combination of both. I understand that choosing to participate in these Activities is entirely at my own risk. I understand that a Cirque M instructor must be present at all times whilst I engage in these Activities. I understand I must not engage in Activities without safety matting underneath. I will not participate in any Activity outside of the allocated Activity zone.

Should I decide to participate in these Activities, I am advised to wear proper clothing appropriate for the Activity. If I arrive late to a class, I understand I am to be appropriately warmed up and physically ready before I participate in the class. I acknowledge that I should not use the equipment/apparatus/device (hereinafter referred to as the 'Equipment') unless I have been instructed to do so by a Cirque M Instructor. I/We understand that the RULES and REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I hereby acknowledge being physically fit to participate and understand the choice to participate brings with it the assumption of these risks and results, which are part of these Activities.

I understand on my behalf, I/ WE are waiving and releasing any claims which I may have against Cirque M, it's owners and employees from and against all liability for bodily injury, property damage or loss, and death, arising from my participation in these Activities that I wish to engage in, whether caused by their fault, negligence, breach of contract or otherwise. I hereby personally assume all risks in the Activities and Equipment, whether foreseen and unforeseen. I have read the waiver form and fully understand that the activities are potentially dangerous and that by signing this form I am a waving all legal rights that I have. I further certify that I am 18 years or older.

PRINTED NAME: _____

DATE: _____

SIGNATURE: _____

(Signature of Parent or Guardian if participant is under 18 years of age)