

## TAKING FLIGHT: education & performance Ltd. ADULT REGISTRATION FORM

Name of Participant:	
Address:	
Date of birth (and age):	
Telephone:	Email:
Any medical conditions that may be an issue?	

### **Next of Kin Emergency Contact Information**

Name:	
Telephone:	Relationship to participant:

### **Have you EVER suffered from any of the following complaints?**

Ashtma	yes/no
Diabetes	yes/no
Hearth conditions	yes/no
Back or neck injury	yes/no
Allergy or phobia	yes/no
Epilepsy	yes/no

### ***If you have answered yes to any of the above:***

Is the condition under medical control?	yes/no
Do you need to have medication with your during training?	yes/no
If yes, how is the form of medication taken?	yes/no
Are there any other conditions you suffer from that we should know about?	yes/no
If you have answered yes, what are they?	

## Code of conduct for aerial and acrobatics, classes & workshops

I understand that aerial and acrobatic work contains an inherent element of risk and has the potential to be dangerous. In taking part in classes/workshops, I \_\_\_\_\_ (***name***) acknowledge this and understand that steps will be taken to reduce the risk to acceptable levels.

Safety procedures and good practice by the tutor(s) and myself must be observed at all times. I, \_\_\_\_\_ (***name***), will never walk under or around equipment whilst someone is either in the air, on the floor, or using it. I will respect the space, equipment and others that are training. If I get injured, I will inform the tutor immediately.

I \_\_\_\_\_ (***name***) certify that I am fit and able to take part in this class.

**Photography:** I understand that photography is encouraged at Taking Flight:education & performance Ltd. and as a result, photos may appear on social networking sites or other relevant promotional material. I give my permission for such images to be used in this context.

**Videography:** I agree to not upload a video of teachers or demonstrations to any internet site. If uploading a video of myself doing a drop, I will not include the wrap/set up for it.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

# ACKNOWLEDGEMENT, WAIVER and RELEASE FROM LIABILITY

Name	
Date of Birth	

I wish to participate in circus arts activities including, but not limited to open training, floor acrobatics, partner acrobatics, aerial acrobatics on trapeze, fabric/silks, rope, hoop, vertical dance, cocoon, straps, doubles trapeze, slackline, object manipulation, fitness, recreational area access, offsite and camp activities, and other athletic activities (collectively hereinafter called “the Activity”) organised by Taking Flight: education and performance Ltd. (hereinafter called “Taking Flight”).

I am eighteen years old or older.

I agree that I will carry out the activity in accordance with the specific safety instructions that I have received before undertaking the activity. I shall ensure my safety at all times and that I will follow the directives of Taking Flight and its management and staff at all times.

I acknowledge and accept that the Activity requires a moderate level of fitness and is physically testing and that I should not undertake the activity unless I am physically able. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment and apparatus in the studio are potentially hazardous activities. I confirm that I do not know of any medical condition that I suffer from which might have the effect of making it more likely that I will be involved in an incident which could result in injury to myself or others. I acknowledge that I have either had a physical examination and have been given my doctor’s permission to participate, or that I have decided to participate in activity and utilisation of equipment and apparatus in my activities.

I acknowledge and accept that the Activity is dangerous and that by participating in the Activity I am exposed to the possibility of personal injury or death and/or property damage and I accept the risk of personal injury or death and/or property damage I am exposed to whilst participating in the Activity. By participating in the Activity, I acknowledge and accept that Taking Flight will not be liable for any direct or indirect loss, damage or injury arising from or in connection with my participation in the Activity or in connection with my failure to comply with the safety instructions and/or directions of Taking Flight, its management or staff and I hereby waive all and any claims against Taking Flight in this respect.

I am aware that I have the right to request advice from Taking Flight instructors, in relation to the activities and exercise being undertaken with particular regard to my health and clothing. If I choose not to take advice or disregard any advice given, I do so voluntarily and accept liability for all resulting injuries and damage.

The Taking Flight studio may be monitored by CCTV 24 hours a day. I understand that Taking Flight reserves the right for its employees and contractors to review footage as required, and by entering the studio I consent to my image being recorded and reviewed and waive any and all claims in relation to the same.

Taking Flight and its staff cannot accept responsibility for items lost during training sessions. I am aware that no discount or refund shall be given to me under any circumstances.

I acknowledge and accept this Acknowledgement, Waiver and Release From Liability Form may be pleaded as a bar to any action or proceedings taken by me at any time against Taking Flight arising out of or as a consequence of my participation in the Activity. I acknowledge that I have read and fully understand the above prior to my signing below.

Signature:		Emergency Contact Name:	
Date:		Emergency Contact Phone:	