

TAKING FLIGHT: education & performance Ltd.

REGISTRATION FORM

U-18s

Student Name:
Family Address:
Student Date of Birth (and age):
Any medical conditions that may be an issue?

Parent/Guardian Contact Information

Name:
Telephone & Email:
Relationship to student:

Have the student 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?

Parent/Guardian Consent

For the purposes of this consent any person under the age of eighteen is referred to as a minor.

I have read this document and I understand its contents and I hereby acknowledge that I have executed the foregoing Acknowledgement, Waiver and Release from Liability for and on behalf of the minor named herein, as the parent or legal guardian of such a minor.

I confirm that I have the legal capacity and authority to act on behalf of the minor named herein, and I agree to hold harmless the persons or entities mentioned in the Acknowledgement, Waiver and Release from Liability for any claims made or liabilities assessed against them arising out of my and/or my child's actions or the actions of the persons or entities mentioned in the Acknowledgement, Waiver and Release from Liability and/or my or my child's participation in Taking Flight: education & performance events.

I confirm that I give permission for my child to take part in Taking Flight: education & performance events and I agree to and have read the Acknowledgement, Waiver and Release from Liability above.

Student signature: _____ **Print name:** _____

Parent/guardian signature: _____ **Print name:** _____

Date: _____

ACKNOWLEDGEMENT, WAIVER and RELEASE FROM LIABILITY

To be completed by the parent or legal guardian of the child

Name of child		Name of Parent	
Date of Birth			

I am the parent/legal guardian of the child name above and I am eighteen years old or older. I wish for my child to participate in circus arts activities including, but not limited to 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 agree that my child will carry out the activity in accordance with the specific safety instructions that she/he will have received before undertaking the activity. He/she shall ensure their safety at all times and 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 my child should not undertake the activity unless he/she is 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 my child suffers from which might have the effect of making it more likely that he/she will be involved in an incident which could result in injury to him/herself or others. I acknowledge that my child has either had a physical examination and have been given my doctor's permission to participate, or that I have decided to allow my child participate in activity and utilisation of equipment and apparatus in their activities.

I acknowledge and accept that the Activity is dangerous and that by participating in the Activity my child is 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 he/she is 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 child's participation in the Activity or in connection with my child's 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 my child has the right to request advice from Taking Flight instructors, in relation to the activities and exercise being undertaken with particular regard to his/her health and clothing. If my child chooses not to take advice or disregard any advice given, they do so voluntarily and I 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 child's 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 or my child 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 child's participation in the Activity. I acknowledge that I have read and fully understand the above prior to my signing below.

Signature of parent/legal guardian:			
Date:		Phone:	