

Circus Akimbo

Phone:	0401012085
Email:	info@circusakimbo.com.au
Website:	www.circusakimbo.com.au

New Member: Contact and Medical Information

Please print all responses legibly in black or blue pen

Surname: _____

First name: _____

Sex (please circle): M F

Date of birth: __/__/____

Contact email: _____

(Please ensure this is correct, as we will use this email to send important information)

Where did you hear about us? _____

Emergency contact details

Surname: _____

First name: _____

Home phone: _____

Mobile phone: _____

Relationship to student: _____

Current History

This is confidential and will be used by Circus Akimbo staff only in the context of designing a safe training program for each participant or responding to medical incidents.

Please list any current or recurring injuries. For example, back problems, sprained ankle, etc.

Any allergies or medical conditions?

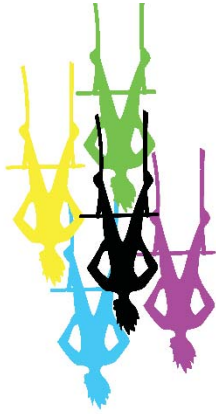
Anything else we should be aware of?

To the best of my knowledge, all information contained on this sheet is correct. In the case of a medical incident, I give permission for Circus Akimbo staff to provide required first aid. If necessary, this may include calling an ambulance, the cost of which is to be covered by the student.

(If under 18 please have parent or legal guardian sign)

Signature: _____

Date: __/__/____



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Participation Release of Liability & Assumption of Risk Agreement

****READ BEFORE SIGNING****

Participant name: _____

In consideration of being allowed to participate in any way in the program, related events and activities, and use of equipment, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. **I knowingly and freely assume all such risks**, both known and unknown, **even if arising from the negligence of the releases** or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release, indemnify, and hold harmless** Circus Akimbo, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releases), from any and all claims, demands, losses, and damages to person or property, **whether arising from the negligence of the releases or otherwise**, to the fullest extent permitted by law.

Health Statement

I will notify Circus Akimbo ownership or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

Media Statement

By signing below, I hereby grant and convey to Circus Akimbo all right, title and interest in and to record my name, image, voice, or statements including any and all photographic images and video or audio recordings made by Circus Akimbo.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

X _____
Participant's Signature

____/____/____
Date

If the participant is under 18, a parent or legal guardian must sign this form.

X _____
Signature

Relationship to participant

____/____/____
Date