



1105 Kerrisdale Blvd.  
Newmarket, Ontario  
L3Y 8W1  
(905) 898-0699

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\_\_\_\_\_

Date

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Participants Name

\_\_\_\_\_

Birthdate

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/Town Postal Code

There is a potential risk for injury in circus skills training. The club has tried to create a safe and controlled environment for participation. Rules have been established for participation and conduct in and around the gymnastics area that MUST be followed

I, the undersigned, and the participant or the person at law responsible for the participation in a program/activity, recognize that a risk of injury may be involved in participation in the above named program/activity, and that potential risks may include but are not limited to, joint injuries, contusions, cramps, exhaustion, and other physical injuries of a more serious nature. I hereby willingly assume all health risks and risks of injury for myself, or for the above named participant for who I am at law responsible, ad assume full responsibility during and after my/their program/activity.

I acknowledge my/their obligation to immediately discontinue any programs/activity and inform the instructor/supervisor of any pain, discomfort, fatigue, injury, limitation or other problems, symptoms that I/they may suffer or become aware of before, during, and immediately after their participation. I understand I/they may stop my participation in any program/activity if desired and that I /they may also be requested to stop and rest by program staff if any symptoms described herein, or other abnormal responses are observed.

I acknowledge that it is recommended that I/they consult with a medical doctor prior to participating in a program/activity, especially if I/they are aware of any pre-existing conditions, above mentioned or otherwise, which may increase my/their risk of injury, and that I/they have an ongoing responsibility to notify the program/activity instructor/supervisor of any changes in my/their status.

I understand that I/they may ask any questions or request further information about the facilities or program/activities offered by Big Top School of Circus Arts Inc. at any time before, during and after participation.

I acknowledge and willingly assume all risks associated with participation in the program/activity and hereby release and forever discharge Big Top School of Circus Arts Inc. its contractor, agents, officers and employees from all actions, damages, claims and demands whatsoever arising directly or indirectly by reason of participation in the program/activity or any associated activities.

I declare I have read, understand and agree to be bound by this informed consent in its entirety.

\_\_\_\_\_

Participants signature

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Parent/Guardian or person responsible by law