

Collingwood Circus Club

Registration Form & Waiver

Last Name: _____ First Name: _____
Sex: _____ Date of Birth: M _____ D _____ Y _____ Current Age: _____
Address _____ City _____ Postal Code _____
Phone: home () _____ Email: _____
Moms Name: _____ Cell () _____ Work () _____
Dads Name: _____ Cell () _____ Work () _____
Alternate Emergency contact: Name _____ Phone() _____
Medical Concerns: (physical, mental, medications or allergies etc) _____

Circle Program of Choice: Adult classes Circus Kids (1,2,3) Youth Group Booking Drop in Day Camps

WARRANTY AND CONSENT OF PARENT/GUARDIAN

ASSUMPTION OF RISK,

RELEASE AND WAIVER OF LIABILITY,

INDEMNITY AGREEMENT

IN CONSIDERATION of allowing my minor child _____ to participate in the programme, related events and activities associated with Collingwood Circus Club
I WARRANT TO YOU THAT:

1. I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward, and
2. I am familiar with the risk of serious injury and death which any participant in this programme must assume, and
3. I believe that my minor child/ward is physically, emotionally and mentally able to participate in this programme, and that his/her equipment is mechanically fit for his/ her use in this programme, and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward, and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the programme.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this programme by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the programme organizer and any persons associated therewith or participating therein, and
2. a **FULL AND FINAL RELEASE AND WAIVER OF LIABILITY** of the Head Over Heels Gymnastics Club and all persons associated with it and the programme including, without limiting the generality of the foregoing, its officers, directors, official, agents and/or employees, other participants, sponsors, advertisers, owners and/or lessors of the premises used to conduct the programmer, sanctioning bodies, medical and or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an **UNDERSTANDING NOT TO SUE the RELEASEES** for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the programme, and
4. an **AGREEMENT TO INDEMNIFY**, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY MINOR CHILD'S/WARD'S PARTICIPATION IN THIS PROGRAMME.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I AND/ OR MY MINOR CHILD/WARD WOULD OTHERWISE HAVE.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

SIGNATURE OF PARENT/GUARDIAN

printed name of parent/guardian

SIGNATURE OF WITNESS

printed name of witness

DATE

AGE OF MINOR