Waiver for child for birthday party

I understand my child will be visiting the Ottawa Circus School with their class. I understand that during this workshop, my child will have the opportunity to discover and explore various circus arts such as aerial silks, trapeze and props manipulation, such as juggling, for hands-on workshops. In consideration of their participation, I agree to the following terms:

Mandatory Dress code to participate in activities:

NO ZIPPERS or any metal or hard plastic on clothing, as this can damage the equipment and cause safety issues if they snag the equipment.

NO JEWELLERY OR WATCHES that could get caught on the fabric or equipment.

FINGERNAILS AND TOENAILS MUST BE SHORT AND CLEAN. No nail extensions, and no long or broken nails on the aerial silks. Participants with nail extensions may participate in all other activities except aerial silks.

I hereby wish that my child participate in activities offered by the Ottawa Circus School. I understand that the participant could be injured. Like any physical activity, there are always risks; the Ottawa Circus School does their best to minimize risks, but injuries, even serious injuries, could happen. By having my child participate, I accept all risks of injury and hold harmless the Ottawa Circus School, the coaches, the volunteer coaches, and the administration staff. I knowingly, voluntarily and expressly waive any claim I may have against Ottawa Circus School, the coaches, the directors, volunteers and shareholders, for injury or damages that my child may sustain as a result of participating in these activities, and I accept the risks.

I understand that it is my responsibility to consult with a physician prior to and regarding any participation in these activities, especially if health issues are a concern. I attest that my child is physically fit and has no medical conditions that would prevent their participation in these activities, or I have indicated this below. I take full responsibility for non-disclosure. Should there be any medical issue, physical or mental limitation, that may affect their ability to participate fully or safely, please indicate below:

Medical issues or allergies (if none write 'none'):

_____

I agree to the terms for having my child participate in activities with the Ottawa Circus School as described.

PRINT CLEARLY Full name of the child participant:_____
PRINT CLEARLY Full name of the parent or legal guardian:_____
Phone number for the parent in case or an emergency :_____
Email if you wish to be on our mailing list: _____
Parent or legal guardian signature: _____ Date: _____