2275 Gladwin Crescent, Ottawa, ON (613) 416-9569

Waiver and conditions for participation For Child Participant (one per child) for group visits and birthday parties

Participant Information

Child's First Name	Child's Last Name
Parent/ Legal Guardian's First Name	Parent/ Legal Guardian's Last Name
Email address:	
Phone Number :	
Medical Conditions or Allergies:	
hereby I wish that my child participate in activities offered by the Ottawa Circus School. During the activities at the Ottawa Circus School participants be involved in some or all of the following: hands on learning of: juggling and prop manipulations arts, tightrope, trapeze, aerial silks, floor gymnastics, human pyramids and other similar activities. At the Ottawa Circus School, we prioritize safety for our student. Skills are taught very progressively and aerial equipment is kept closer to the ground until the student is ready to go higher. The chance of injury is low. However like any physical activity there is the chance of getting hurt, falling or straining a muscle are the main risks, more serious injuries could happen.	
acknowledge that I understand there is a risk of injury and I accept the risks and would like my child to participate in the activities. 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 I has no medical conditions that would prevent their participation in these activities. I agree to assume full responsibility for any risks, injuries or damages, which I might incur as a result of participating in these activities. I agree to inform the instructor(s) or staff of the Ottawa Circus School of any physical limitations, physical discomforts and/or injuries, and I ake full responsibility for nondisclosure. In further consideration to participate in these activities, 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.	
have read the above release waiver of liability and fully understand its contents. By signing below, I voluntarily agree o its contents and agree to the terms and conditions stated above.	
Print name of Parent/ Legal Guardian:	
Signature:	Date: