

CIRCESTEEM GENERAL RELEASE

BECAUSE PARTICIPATION IN CIRCESTEEM CLASSES MAY BE DANGEROUS, WE REQUIRE ALL PARTICIPANTS TO ASSUME ALL RISK BY SIGNING THIS GENERAL RELEASE.

ASSUMPTION OF RISK As legal the guardian of my designated student(s), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including tumbling, trampoline, stunting, pyramids, dance, and physical activity in general. I am also aware that participation in certain activities, including but not limited to day camps and performances off site, involves transportation to and from "field trips" (outings of any kind) and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all programs and activities and I ACCEPT ALL RISKS associated with such participation.

_____ I've read the above and agree.

WAIVER OF LIABILITY I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

_____ I've read the above and agree.

The Undersigned, for himself/herself and personal representatives, assigns, heirs and next of kin or any of them:

1. Hereby Releases, waives, Discharges and Covenants Not To Sue CircEsteem and each of its officers, employees and agents all for purposes herein referred to as Releasees, from liability to the Undersigned, his/her personal representatives, assigns, heirs and next of kin for all loss or damage and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, whether caused by the negligence of Releases or otherwise while the Undersigned is upon the premises of Alternatives and/or a participant in CircEsteem classes; and,
2. Hereby Agrees to Indemnify And Save And Hold Harmless the Releasees and each of them for any loss, liability, Damage or cost they may incur (1) due to the presence or any action of the Undersigned in or about Alternatives and/or (2) due to participation in CircEsteem classes whether caused by the negligence of the Releasees or otherwise.

The Undersigned expressly agrees that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned warrants the following statements are true and correct and understands that the Releasees have relied on them entering into the foregoing Release, Waiver, and Indemnity Agreement and in giving the Undersigned permission to enter the premises of Alternatives and participate in CircEsteem classes:

3. No oral representatives, statements or inducements apart from this written agreement have been made.
4. The Undersigned individual is fully aware of the risks and hazards inherent in entering upon the premises of Alternatives and hereby elects voluntarily to enter upon said premises, knowing the present condition and knowing that said condition may become more hazardous and dangerous during the time that the Undersigned is upon said premises. The Undersigned is fully aware that trapeze and circus stunts and all activities associated with participation in CircEsteem classes is a calculated risk sport and contains inherent risks and dangers (including serious injury and death), that no amount of care, caution, instruction, or expertise can eliminate. The participant knows and understands the scope, nature, and extent of the risks involved in the activities contemplated by this agreement. The Undersigned individual hereby voluntarily assumes all risks of loss, damage or injury that may be sustained by them, or any of them, any damage to any property of the Undersigned, or any of them while in or upon the premises of Alternatives or a participant of CircEsteem classes.
5. That he/she gives consent to whatever medical care might be provided or available on the premises and further agrees to conform and comply with all the rules and regulations of CircEsteem and Alternatives.
6. HE/SHE HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT.

MEDICAL AUTHORIZATION In the event of an accident of emergency, I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold CircEsteem and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself of my child(ren) as a result of any injury sustained while participating at or for CircEsteem.

_____ I've read the above and agree.

PHOTO RELEASE I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren) participation I hereby grant my permission for my child(ren) likeness to be used in CircEsteem publicity or advertising.

_____ I've read the above and agree.

PARENT/GUARDIAN SIGNATURE I have read and understand the ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTO RELEASE. In addition, I confirm that I am the Parent/Legal Guardian of the registrant(s) (Self-included).

PARTICIPATION IN CIRCESTEEM CLASSES MAY BE DANGEROUS.

In witness whereof each of the Undersigned has executed this release dated this day:

PLEASE PRINT Student's NAME: _____

PLEASE PRINT Parent/Guardian's NAME: _____

PARENT'S SIGNATURE: _____

Date _____

Address _____

City _____

State _____

Zip _____

E-Mail: _____ May we add you to our mailing list? Yes! No