



(Two-sided form: fill out both sides, please)

**Phoenix Youth Circus Arts [www.phxyouthcircus.org](http://www.phxyouthcircus.org)**  
**Circus Class Registration, Hospital and Model Release Form**

Name of Class: \_\_\_\_\_

In the event that emergency medical attention is needed for my son/daughter, I understand that Phoenix Youth Circus Arts will make every effort to contact me immediately. In the event that I cannot be reached, I release medical authorization to Phoenix Youth Circus Arts and its employees to obtain the necessary emergency medical attention for my son/daughter until I am reached.

By signing this form, you are granting Phoenix Youth Circus Arts the right to photograph and otherwise record and use you/your child's picture, silhouette and other reproductions of their physical likeness, and voice recording (as the same may appear in any still camera photograph and/or video, motion picture film, or television program), in and with the exhibition, theatrically, on television or otherwise in any other medium, of any video, motion picture or television program in which they may be used or incorporated, and also in advertising or publicizing of the same.

PLEASE PRINT CLEARLY:

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact (This person will be called if Parent/Guardian cannot be reached):

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_ Member Number: \_\_\_\_\_

Student has the following pre-existing medical conditions: \_\_\_\_\_

Student takes the following medications: \_\_\_\_\_

Student is allergic to the following medicines: \_\_\_\_\_

Student is allergic to the following foods: \_\_\_\_\_

Additional comments or conditions that Phoenix Youth Circus Arts Teachers should be aware of: \_\_\_\_\_

I have read this Consent and Release and fully understand and consent to the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Phoenix Youth Circus Arts

## Participant Agreement, Release, Assumption of Risk, Hospital, and Model Release

In consideration of the services of Phoenix Youth Circus Arts, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "PYCA"), I hereby agree to release, indemnify, and discharge PYCA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that taking a clinic in circus skills entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that while safety of participants will always be a primary concern of PYCA, circus activities entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, circus students would not improve their skills, and the enjoyment of the activities would be diminished.

**The risks include, among other things:** Circus activities expose its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants can fall off equipment, sprain or break wrists and ankles, and can suffer more serious injuries as well. In any event, if you or your child is injured, you or your child may require medical assistance, at your own expense. Furthermore, PYCA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless PYCA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of PYCA's equipment or facilities.

4. Should PYCA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against PYCA, I agree to do so solely in the state of Arizona, and I further agree that the substantive law of Arizona shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

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**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against PYCA on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ e-mail address: \_\_\_\_\_ Date \_\_\_\_\_

### **PARENT OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by PYCA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless PYCA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_