

### Participant Agreement, Release and Assumption of Risk

In consideration of the services that Calgary Aerial and Movement Arts, their agents, officers, participants, employees, and other persons acting in any capacity on their behalf, I hereby release, indemnify, and discharge Calgary Aerial and Movement Arts, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I \_\_\_\_\_, the participant, acknowledge that my participation in aerial, acrobatic instruction, workshops, personal or group training, performance, and/or other circus arts activities, 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 such risk simply cannot be eliminated without jeopardizing the essential qualities of the activity. I understand that each person has a different capacity for participation in circus activities, and the injuries, and the potential risks may include, but are not limited to, cuts and bruises, sprains, broken bones, joint injuries, and other physical injuries of more serious nature. I hereby willingly assume all health risks or injury for myself, and assume full responsibility during and after my participation in the class/workshop/training session/performance/other activity.

( ) I acknowledge my obligation to immediately discontinue any activity and inform the instructor of any pain, discomfort, fatigue, injury, limitations or other problems or symptoms that I may suffer or become aware of before, during, and immediately after my participation. ( ) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Calgary Aerial and Movement Arts from any and all claims, demands, or causes of action, which in any way are connected with my participation in this activity or my use of Calgary Aerial and Movement Arts' equipment or facilities including such claims which allege negligent acts or omissions of the Calgary Aerial and Movement Arts.

( ) My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I UNDERSTAND THAT NO AMOUNT OF CARE CAN ELIMINATE THE RISKS INHERENT IN LEARNING OR PERFORMING CIRCUS SKILLS. I expressly agree to accept and assume all of the risks existing in this activity. By signing this document, I acknowledge that if anyone is hurt or their property 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 the Calgary Aerial and Movement Arts 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: \_\_\_\_\_ (or parent/guardian's signature if participant is under 19 years of age).

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_