



Consent Form

Participant or
Child(ren) name _____ Date: _____ Time _____

Emergency Contact _____

Emergency# _____ E-mail _____

- I realize that I am responsible for all medical expenses for my child(ren) that may be needed due to their participation at your facility.
- I understand that participation in circus, gymnastics and related activities involves motion, rotation and height in a unique environment and as such carries with it the risk of injury. I am voluntarily allowing my child to participate in this activity with knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I hereby release Prestige Circus & Gymnastics School Inc, its affiliates, agents, owners and employees from any liability for accidents while participating at the Prestige Circus & Gymnastics School Inc.
- I hereby state that my child has no mental or physical conditions that prohibit full participation in circus & gymnastics or related activities. I also agree to inform the Prestige Circus & Gymnastics School Inc. of any condition that the Prestige Circus & Gymnastics School Inc. staff should be aware of in dealing with the student during normal activities or in case of any emergency.
- All safety rules must be observed. Prestige Circus & Gymnastics School Inc. will not be responsible for any personal items brought.
- I give my permission for Prestige Circus & Gymnastics School Inc. to use any photographs or videos of me or my child(ren) for promotional and fundraising purposes. I will not seek compensation of any kind from Prestige Circus & Gymnastics School Inc.
Yes___ No___

- Does above student suffer from any medical/emotional/mental/physical conditions?

Yes___ No___ If yes, please list _____

Print Participant, or Parent/Guardian's Name

Signature _____ Date _____