



Informed Consent Agreement, Assumption of Risk, Release of Liability

Ignite Circus* is committed to creating an environment of safe, non-competitive learning and activity for the physical and overall well-being of its participants and staff. The following behaviour by participants, their parents, friends, observers or any others will not be tolerated and will lead to dismissal of the participants from the program offered by Ignite Circus, including but not limited to:

1. Any act that violates federal, provincial or municipal laws or by-laws, or any violation of Ignite Circus' policies and procedures.
2. Gross misconduct, inappropriate horseplay, theft, fighting, or any behaviour which may lead to property damage or which may affect the safety and well-being of others.
3. Willful destruction of property (including that caused by inappropriate horseplay, fighting, etc.).
4. Disregard of the coach's instructions, being abusive, belligerent or in any way compromising the safety of, delivery of instruction to, or the enjoyment of the activities by, other participants of the program.

Should it be necessary, in the opinion of a staff member of Ignite Circus to render first aid or assistance to the participant(s) listed below, I hereby grant permission to the staff of Ignite Circus and other medical personnel to render such aid or assistance as they may deem necessary. I have carefully read this consent for treatment of a minor and fully understand its contents. I understand and agree that, in the case of an emergency Ignite Circus assumes no responsibility or obligations relative to any cost or expense related to carrying out any emergency procedures and/or emergency transportation for myself or my child.

I acknowledge that circus, fitness and other activities offered at Ignite Circus may involve an element of risk, which may result in bodily injury (including the risk of severe or fatal injury) to myself or my child/ward. I also acknowledge that circus activities may require the coach/staff to perform some manual spotting which involves direct physical contact and is designed to assist the participant in the safe performance of the program skills. I confirm that I, or my child, am/is fit to participate in circus activities including but not limited to climbing, tumbling, balancing, and activities both on aerial equipment and on the ground.

I, for myself and, if applicable, my child/ward, and each of our respective heirs, executors, administrators and assigns, release Ignite Circus and its servants, agents, directors, officers and employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property (or, if applicable, to my child's / ward's person or property) incurred while attending at or participating in any activities offered by Ignite Circus, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of Ignite Circus or any person for whom it is at law responsible.

I have read this waiver in full, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I also acknowledge that I am unaware of any physical or mental condition or impediment, which would prevent or hinder myself or my child from participating safely in the programs offered by Ignite Circus. I confirm that I have accurately reported and disclosed any medical information (physical and mental) to Ignite Circus which is necessary for the proper program involvement and care of the above-mentioned participants.

I acknowledge that I am agreeing to these terms and conditions freely and voluntarily, and intend by my agreement for this to be a complete and unconditional release of all liability to the greatest extent allowed by law. I, as the parent/guardian of the minor participant(s), have explained to my son/daughter(s) the aforementioned stipulated conditions and their ramifications, and I consent to their participation in the programs conducted by Ignite Circus.

Name: _____ Email: _____ Phone: _____

Participating Child Name(s): _____

Date of visit: _____ Signature: _____

Date signed: _____