Waiver

Please complete this waiver and bring it with you 10 minutes prior to party time.
We will not allow participation without a signed waiver.

In consideration of the services of Acrobatic School of Circus Art Inc, 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 "ASCA"), I hereby agree to release, indemnify, and discharge ASCA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in various acrobatics, circus skills training and instruction and other various 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 risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; strains, cuts, bruises, muscle soreness and fractures; musculoskeletal injuries including head, neck, and back; injuries to internal organs; the negligence of other people; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity. Traveling to and from shows, meets and exhibitions raises the possibility of any manner of transportation accidents. In any event, if your child is injured, your child may require medical assistance, at your own expense. Furthermore, ASCA 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 might misjudge the weather or other environmental conditions. 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 ASCA 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 ASCA 's equipment or facilities,
including any such claims which allege negligent acts or omissions of ASCA.

4. Should ASCA 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 ASCA, I agree to do so solely in the state of Pennsylvania, and I further agree that the substantive law of that state 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.

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 ASCA 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.

In consideration of **1** _____ **2**_____ (print minor's name(s)) ("Minor")
Participant Print Name / Date of Birth Participant Print Name / Date of Birth
being permitted by ASCA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ASCA 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: _____

Emergency Contact Number _____

_____ _____
Address City State Zip Email

You're invited to a Circus Party!

For: _____

Date: _____ **Time:** _____

RSVP: _____

By: _____

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