



Flipside Circus is supported by the Queensland Government through Arts Queensland



QUEENSLAND RESIDENCY TOUR

Participant's Name:

Date Attending:

Parent/Guardian Name (if under 18):

Date of Birth:

Relationship:

Email:

Mobile:

Address:

Does the child have any impairments, disabilities, medical conditions or allergies? **YES / NO**

If **yes**, please provide as much information as you can

I understand that my child will be learning circus skills that may include activities such as trapeze, tumbling, acrobatics, juggling, hula hoops, etc. All these skills involve physical exertion, Flipside Circus always encourages and highlights the need for correct warm-ups and cool-downs, and all participants will be required to do so. Experienced, Flipside trainers will lead the workshops.

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

I recognise that there is the potential for injuries, including sprains, strains, broken bones, permanent paralysis or death, in any activity involving height, or motion, or juggling.

I UNDERSTAND AND ACCEPT THAT RISK

I realise my child may be performing and training using various training devices. I further understand that in addition to any participation fees, this signed release form is an important part of the consideration due to Flipside Circus.

Therefore, in consideration for allowing my child to use Flipside Circus's equipment and facilities, I hereby forever release Flipside Circus, its management committee, officers, employees, trainers, and coaches from all liability for any and all damage and injuries suffered by my child while under the instruction, supervision or control of Flipside Circus, its management committee, officers, employees, teachers or coaches.

I hereby agree to individually protect for the possible future medical expenses which may be incurred as a result of any injury sustained by my child while training or performing at, for, or under the direction of Flipside Circus.

EMERGENCY MEDICAL TREATMENT CONSENT

It may be essential at some time for the Flipside trainers/staff to have the necessary authority to obtain any urgent medical treatment which may be required whilst at performance or training.

I hereby give permission for the Flipside Circus trainers/staff to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities for my child, where it would be contrary to my interest, in the doctor's medical opinion, if for any reason I cannot give my personal consent.



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This acknowledgment of risk, waiver of liability and emergency medical consent form, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I have read the above information and agree to the terms and conditions of Flipside Circus.

PHOTOGRAPHY

Flipside Circus may film or take photos during these workshops. This is for the purpose of documentation and for promoting similar workshops and residencies.

I consent to Flipside Circus filming or taking photos during these workshops.

**Signature of participant / parent
guardian (if under 18)**

Date:

Acknowledgement

Tour supported by Queensland Government through Arts Queensland and Tim Fair Fax Family Foundation.