



# PARTICIPANT WAIVER AND RELEASE OF LIABILITY

## PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Circus of Hope circus arts, related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Circus of Hope, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, Owner of the equipment: Jonathan Deull, Sara Deull, Pathfinder Rigging and Arlie Hart, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, \_\_\_\_\_(print participant's name), HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this \_\_\_\_\_(print minor's name), do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Signature \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

Please note any medical conditions that participant has:

Emergency Contact Name \_\_\_\_\_(please print name) Phone Number: (\_\_\_\_) \_\_\_\_\_

### PHOTO AND VIDEO RELEASE

I hereby grant **Circus of Hope** permission to take and use photograph and video images of and/ or my child in news releases and promotional materials. These materials may include printed and electronic publications, websites, social media, or other electronic communications. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of **Circus of Hope**.

**\*\*If you DO NOT wish for Circus of Hope to use your image, please cross out this section out and notify the lead instructor instead of signing below. Thank you.\*\***

Participant or Guardian Signature