



Class registration form

Student Name _____

Address _____ Phone _____

Age _____

Classes per week _____

Contact Email _____

COST BREAKDOWN:

1 class/Session (4 weeks):	\$85
2 classes /session:	\$161.50
3 classes /session:	\$242.25
4 classes/session:	\$323.00 (unlimited entry to open workouts and classes)
Circus factory (By invitation only)	
:	\$25 with 2 classes,
	\$15 with 3 classes
	Free with 4 classes

Class Policies

Paperwork: All paperwork must be filled out before a student can participate. Waivers must be filled out yearly, and separately from circus camp.

Hair and clothes: All students must wear their hair up and remove all jewelry.

Class start time: Students must arrive on time. If you are more than 10 minutes late you will not be allowed to participate, as you will not have enough time to adequately warm-up.

Tuition: In order to keep imagination classes running smoothly, and control class size, I must have all tuition in on time. This is how I gage how many classes I need, when to schedule them, and who should go where. Tuition is due 2 weeks prior to the beginning of each session. I will send out a tuition schedule and due date calendar. There will be a late charge for any tuition not paid by the tuition deadline. If you have special circumstances (as we all do from time to time) please contact me.

Make-ups: in order to be eligible for a make-up class, you must let me know that you will be miss sing class in advance. It is then your responsibility to schedule a make-up class with me, **within the same session as the class missed.** Make-up classes in future sessions will not be granted. I will give you a day to make-up based on class availability and the imagination schedule, NOT your schedule. If you are unable to make the offered day, then you forfeit your make-up opportunity. The make-up class will not necessarily be with your current class level.

FYI: Make -up classes are not offered during the spring sessions, as we are preparing for our skills showing, please plan accordingly.
For more info on classes and policies visit

<http://www.imaginationcircusarts.com/classes.htm>

Please sign and Date.

I have read and understand the above policies:

Signature of Guardian _____ Date _____

BOULDER CIRCUS CENTER REGISTRATION FORM

Participant's name: _____

(Name of Parent or Guardian): _____

Address: _____

Home phone #: _____ Work Phone #: _____

E-mail: _____

Cell phone, pager, or other method of contact: _____

Emergency Contact person: _____

Relationship to Participant: _____

Phone #: _____

Current health

Please list any condition or injury you have or have had in the past that might impact your ability to participate in any strenuous activities including, but not limited to the following conditions:

- | | | | |
|----------------------------------|--|---------------------------|--------------|
| Broken bones | Severe sprains | Seizures | |
| Heart condition | Diabetes or hyperglycemia | Spinal injury | |
| Asthma | Dislocation of joints | Allergic reactions | |
| Head injury or concussion | Panic or anxiety attack | Hearing impairment | |
| Impaired vision | Strained or ripped tendons or ligaments | | other |

Details: _____

Health insurance information:

Doctor: _____ Phone #: _____

Insurance Co. name: _____ policy #: _____

Preferred hospital: _____

Participant is taking the following prescription medication (if any):

Prescription name: _____ Dosage: _____

Time: _____

By signing below you give permission, in the event of any illness, injury or other emergency, to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary by the trainers present at the class or workshop for the safety and welfare of the program participant.

X _____ Date _____



BOULDER CIRCUS CENTER

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Imagination! LLC DBA DBA Imagination Circus Arts/Circus Factory, 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 "ICA/CF"), I hereby agree to release, indemnify, and discharge ICA/CF, 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 circus arts training, instruction, and performance 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, ICA/CF 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 ICA/CF 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 ICA/CF 's equipment or facilities, **including any such claims which allege negligent acts or omissions of ICA/CF.**
4. Should ICA/CF 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 ICA/CF, I agree to do so solely in the state of Colorado, 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 ICA/CF 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.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by ICA/CF to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ICA/CF 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: _____

Participant agreement and assumption of risk

In consideration of Boulder circus Center L.L.C., 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 "BCC"), I hereby agree to release, indemnify, and discharge BCC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my participation in a circus skills, dance, aerial dance, acrobatics, gymnastics, trapeze, and/or Spanish web instructional clinic entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, my 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: circus activities involve certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, circus students would not improve their skills, and the enjoyment of the activity would be diminished. Circus training exposes its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants can fall, sustain sprains and strains, and can suffer more serious injuries as well. Traveling to and from shows, meets, and exhibitions raises the possibility of any manner of transportation accidents. In any event, if you/your child is injured, you/your child may require medical assistance at your own expense.

Furthermore, BCC 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 BCC 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 BCC's equipment or facilities, including any such claims which shall allege negligent acts or omissions of BCC.

4. Should BCC 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 BCC, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of Colorado shall apply in that action without regard to the conflict of law rules for 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 BCC on the basis of any claim from which I have released then herein.

I have had sufficient time to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

**Parents or Guardians additional indemnification
(must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("minor") being permitted by BCC to participate in its activities and to be use its equipment and facilities, I further agree to indemnify and hold harmless BCC 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 _____