**Acrobatic Arts and Circus Waiver**

**Name of young participant (s):**

**Age(s):
 Contact number (only if you’re not on the Spaces App)
 Emergency Contact number and name (if different to that on the booking):**
 I am aware that (name of child/children)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are participating in dance,circus and acrobatic dance which involves inherent risks and hazards. I freely understand that the coaches delivering are fully qualified and experienced however accidents and injuries can occur and I accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, property damage, or loss resulting from such risks and hazards.

I voluntarily agree to release the Acrobatic Arts, Acrobatic Arts employees/volunteers/contractors and those of Control & Move Fitness CIC from any and all liability for any loss, damage, injury or expense that I or my next of kin, successors or dependents may suffer or incur as a result of participation with this class, event or workshop.

As the Parent or Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if I cannot be contacted, I authorise Catherine Muckle (head first aider) or TJ Smith (full qualified first aider) to seek medical services in case of serious injury or illness. I understand that Control & Move Fitness CIC will not assume responsibility for any lost or stolen property, or for any bodily or personal injury consisting of or arising out of any participation in any physical training or athletic activity.

Photographic Consent:
 From time to time we like to post what our wonderful young people get up to in class both on Spaces and social media/our website page. Using the table below, please select the appropriate choice for all listed.

 (please circle your choice)

| Social media posting for advertising | Yes / No |
| --- | --- |
| Website images (backgrounds, tiles for classes) | Yes / No |
| Marketing resources (flyers, posters, standing banners) | Yes / No |
| Funding applications (not accessible to public access) | Yes / No |

“I confirm that where any medical condition, discomfort or injury which may be affected by physical activity applies or becomes applicable at any time when I am participating in a class, I am responsible for informing the coach of the class to ensure I am able to participate in this activity. I confirm all the information above is correct and I understand the risks with participating either myself or enrolling my young person into this activity”
Print Name: Signed name:
 Date: