

FRIENDS SCHOOL - DECATUR

862 Columbia Dr. Decatur, Georgia 30030

Enrollment Form - Aerial Birthday Parties

Parent(s) Info

1st Parent Name:	2nd Parent Name:		
Relation to child			
Home Phone	_ Home Phone		
Work Phone	Work Phone		
Cell Phone/Pager	_ Cell Phone/Pager	-	
Family E-mail Address			
Snail-Mail Address			
City			
Emergency Contact			
Child Info			
Child's Name		Date of Birth	
Child's Age (on birthday)			
Health Info			
Name & Phone # of your Pediatrician			
Please list any activities that your child may NOT			
Please list any chronic illness/recurring medical co	ndition, dietary restric	tions or food alle	ergies
Medication (parent please drop off at office with	instructions)		
Special Info			
-			
Do you have any special needs or requests for	your child?		<u> </u>
How did you hear about 0	CIRCUS CAMP (Pleas	se specify name	of source(s))
Festival	Website	e	
School Camp Fair	Friend _. Direct M		
Advertisement	Auction)	
Chave	Othor		

Please write any additional information you would like us to know about your child on back of sheet.

LIABILITY AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of J. Madibel Inc. dba Circus Camp, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CC"), I hereby agree to release, indemnify, and discharge CC, 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 Camp Activities, Clowning, Miming, Dance, Juggling, Theatre, Art Bubbles, Jump Rope, Magic, Costuming, Unicycling, Low Stilt & Acrobats Trapeze, Triple Trapeze, Spanish Webb, Tightrope, Climbing Rope & Low Trapeze training and instruction 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; transmissible pathogen or disease; the negligence of other participants or persons who may be present; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity.

Furthermore, CC personnel 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 CC, The Friend's School of Atlanta, and The Epstein School 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 CC's equipment or facilities, **including any such claims which allege negligent** acts or omissions of CC.
- 4. Should CC 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 CC, I agree to do so solely in the state of Georgia, 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 CC on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at CC. 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.

Print Name	Phone Number	
Address	City	
State Zip Email		
Signature of Participant	Date	
	ARDIAN'S ADDITIONAL INDEMNIFICATION upleted for participants under the age of 18)	
("Minor(s)") being permitted by CC to further agree to indemnify and hold ha	(print minor's or minors' names) participate in its activities and to use its equipment and facilities, I armless CC from any and all claims which are brought by, or on behalf of onnected with such use or participation by Minor(s).	

Print Name:

Date:

Parent or Guardian:



404-370-0001

Friends School

NEW ADDRESS 862 Columbia Dr. Decatur, Georgia 30030



