



Circus Arts / Acrobatics for kids!

Registration & Agreement Form

(Please complete a form for each participate in the household)

Student Information:

STUDENT'S NAME _____ Circle one: M F

Address _____ City _____ HI Zip _____

Home phone _____ Grade _____ Birth date _____ Age _____

Afterschool care? Yes ___ No ___

If you (your child) have a disability or condition for which you would like to request an accommodation, please inform us so that we can make reasonable efforts to assist you (your child). Such disabilities may include, but are not limited to: (check appropriate areas)

- Attention Deficit Disorder
- Learning Disability
- Vision Impairment
- Mobility Impairment
- Hearing Impairment
- Chronic Medical Condition
- Others _____
- None

Mom's name _____ Home phone _____ Cell phone _____

Dad's name _____ Home phone _____ Cell phone _____

E- mail Address _____

IN CASE OF EMERGENCY PLEASE CONTACT (name) _____
Phone number _____

How did you hear about Circus Olina? _____

Sign up for:

- Little Gardeners Pre School Circus Olina Program
- Wai'lae Charter School
- Honolulu Waldorf School
- St. Andrew Priority School
- Holy Nativity School
- Circus Classes/ Workshops/ Birthday parties/ Events
- Unicycle private lessons

START DATE _____ Total Fee \$ _____

Participant Agreement, Liability Waiver

I, the undersigned participant/parent/legal guardian, request permission for myself/minor to participate in circus activities with Circus Olina LLC and trainer Ronja Buck, other trainers, and Circus Olina's agents, owner, officers, volunteers, participants, trainers, trainees, employees, facility owner/operator and all other persons or entities acting in any capacity on their behalf (collectively ("Olina")). Circus activities include, but are not limited to, riding a unicycle, fakir technics, acrobatics, trapeze, juggling, etc. (hereinafter "Activity").

Assumption of Risks/ Waiver and Release/ Hold Harmless

I understand that some of the activities in which I/my child, _____, will participate in during the Circus Olina classes, carry some risk of injury. I, _____, release Circus Olina from all liability in connection with injury and/ or damage, which may occur while I/my child is attending and participating in any activities with Circus Olina. I agree to hold harmless Circus Olina from any claims, loss, liability, damage or cost, including court cost and attorney's fees made by or on behalf of me/my child.

Medical Release.

I hereby authorize and give my consent to Ronja Buck, and any other Olina trainers, or other authorized employees or volunteers, to provide emergency medical care and to give authority to any emergency unit, hospital or doctor to render immediate aid in the event such care is required.

Insurance Coverage.

I certify that I have adequate insurance to cover any injury or damage I/ minor may cause or suffer while participating in Activity, or else I agree to bear the costs of such injury or damage myself.

Severability.

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.

Promotional Rights:

I grant Olina the absolute right and permission to copyright, publish, and use photographic portraits, pictures, or videos (hereinafter "media material") of myself/minor, without compensation, for promotion of Olina's circus activities. I further waive any right that I/ minor may have to inspect or approve the finished media material as long as the matter is within reason and is not deemed to be socially inappropriate.

Acknowledgment of Waiver:

I have had sufficient opportunity to read this entire Agreement. I have read and understood it, and I agree to be bound by its terms. The waiver and release is freely and voluntarily given with the understanding that the right to legal recourse against Olina is knowingly given up in return for allowing my/minor's participation in the Activity.

My signature is intended to bind not only myself/minor but also members of my family and my spouse (if any), if I am alive, and my heirs, assigns, administrators, and personal representatives, if I am not alive.

THE UNDERSIGNED HAVING READ THE ABOVE PARTICIPANT AGREEMENT, UNDERSTANDS THAT S/HE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.

Parent/ Guardian's signature

Date

Participant's Name (First & Last) _____

Emergency contact info (name & phone): _____

