



## Participation Agreement

Date : \_\_\_\_\_

### 1. Participant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Emergency Contact (Must be over 18 Years Old)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship with the Participant: \_\_\_\_\_

3. TA Aerial Arts endeavors to create as safe an environment as is possible when training aerial circus and pole skills, with first aid training for staff, first aid onsite at all times and regularly checked equipment. I have been given the TA Aerial Arts Health and Safety induction. (Please initial) \_\_\_\_\_

### 4. Rules and Regulations

I understand the rules and regulations given by TA Aerial Arts staff are important to ensure the safety of all participants, and must be respected at all times.

Note: (Should you at any time feel unsafe or compromised by the environment or actions of staff please speak with Karl Donovan 027 3056107).

### 5. Waiver of liability, release of all claims, risk assumptions and indemnification agreement.

By signing this, you agree not to enter into legal proceedings and lawsuits with TA Aerial Arts (Donovan Entities Ltd) or any sub contractor working for them.

Description of risks:

The following describes some of the risks or aerial and acrobatic work and the use of its infrastructures.

a, Slips, trips, falls or painful crashes while using the facilities or aerial equipment, landing mats, floors below aerial equipment, bathroom facilities and/or stairs

b, Injuries resulting from falling, including, but not limited to, falling onto persons, falling and coming into contact with any walls, structures or ropes, or falling to the floor.

I understand that the descriptions of these risks are not complete and that other unknown and unanticipated risks may result in injury, or death.

## 7. Acknowledgement of risk

I acknowledge that:

The activities that form part of TA Aerial Arts classes and training involve the risk of physical harm.

I may be injured while performing the activities

I may cause injury to other people while performing these activities

I have disclosed any pre-existing medical or other conditions that may affect my ability to engage in the activities

TA Aerial Arts relies on the information provided by the participant. I state that the information I have provided is, to the best of my knowledge, accurate and complete.

I have not relied upon any advice provided by TA Aerial Arts in deciding to (a) take part in the activities and (b) sign this document.

I acknowledge, agree to and voluntarily assume all risks involved, of harm, injury or damage in participating in the activity. I agree to wholly indemnify TA Aerial Arts, its employees and contractors from any liability arising out of injury, loss or damage caused by me (the participant) as a result of participation in the activity. I agree to comply with all rules & directions made or given by TA Aerial Arts & its employees & contractors in connection with the activities. I give permission for TA Aerial Arts to seek medical attention, including an Ambulance, at my expense, in the event that I (the participant) am injured.

Signed: \_\_\_\_\_

If you are under 18 years old this must also be signed by a parent or guardian.

I acknowledge that I have read this agreement and that I fully understand, appreciate and accept the physical risks associated with my child's participation or mine at TA Aerial Arts studio. I confirm that the information I have provided is accurate and complete

Guardian name: \_\_\_\_\_

Signed: \_\_\_\_\_