

PARTICIPANT MEDICAL INFORMATION FORM
(Please print clearly & fill out *all* the fields)

STUDENT GIVEN NAME:		STUDENT LAST NAME:	
GENDER (M or F)	AGE:	BIRTHDAY: (DD/MM/YYYY)	
DAYS ATTENDING (please circle) MON TUES WED THURS FRI SAT SUN	TIME:	CLASSES: (Eg: Aerial Silk, Trampoline, Intro, Camp)	
ADDRESS:		CITY:	
		POSTAL CODE:	

PARENTS NAMES (*if under 19 years of age*):

GIVEN NAME:	LAST NAME:	PHONE #: (home/cell)
GIVEN NAME:	LAST NAME:	PHONE #: (home/cell)

EMAIL ADDRESS:

If you do not want to be added to the mailing list please X the Box

STUDENT CARE CARD NUMBER:

EMERGENCY CONTACT:	RELATIONSHIP:
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EMERGENCY PHONE NUMBER:

MEDICAL HISTORY: (*Please X the boxes if applicable*)

Head Injury <input type="checkbox"/>	Nose Bleeds <input type="checkbox"/>	Ulcers <input type="checkbox"/>
Seizures <input type="checkbox"/>	Dental Problems <input type="checkbox"/>	Bowel Problems <input type="checkbox"/>
Neck/Back Disorder <input type="checkbox"/>	Auditory Problems <input type="checkbox"/>	Urinary Infections <input type="checkbox"/>
Fainting Spells <input type="checkbox"/>	Asthma <input type="checkbox"/>	Kidney Problems <input type="checkbox"/>
Psychiatric Disorder <input type="checkbox"/>	Bronchitis <input type="checkbox"/>	Eating Disorders <input type="checkbox"/>
Learning Disorder <input type="checkbox"/>	Chest Pains <input type="checkbox"/>	Diabetes (Type 1 or2) <input type="checkbox"/>
Neurological Problems <input type="checkbox"/>	Heart Problems <input type="checkbox"/>	Hepatitis (HIV) <input type="checkbox"/>
Eye Problems <input type="checkbox"/>	Thyroid Problem <input type="checkbox"/>	Fractures <input type="checkbox"/>
Glasses/Contacts <input type="checkbox"/>	Allergies <input type="checkbox"/>	Operations <input type="checkbox"/>

IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE SPECIFY HERE:

ARE THERE ANY OTHER CONDITIONS WE SHOULD BE AWARE OF? (*Please specify*)

PLEASE LIST ANY PRESCRIBED MEDICATION:

PLEASE TURN OVER



RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISK AGREEMENT

PLEASE READ CAREFULLY

TO: VANCOUVER CIRCUS SCHOOL INC. ("VCS") and its shareholders, directors, officers, employees, volunteers, assistants, agents, representatives, and its landlords River Market Inc. and River Market Westminster Quay Inc. (collectively, the "Agents")

RE: Use of the premises, equipment, rigging and instruction supplied by VCS on the premises of River Market: #212 - 810 Quayside Drive, New Westminster BC, V3M 6B9 (the "Gym") and Harry Jerome Recreation Complex at 123 East 23rd Street, North Vancouver, British Columbia V7L 3E2 (the "Gym") and Oros Whistler Gymnastics Centre, 1090 Legacy Way, Whistler BC V0N1B2 (the "Gym") and Maple Ridge Pitt Meadows Arts Council at 11944 Haney Place, Maple Ridge, BC V2X 6G1 ("the gym").

With respect to the use of the premises, equipment, rigging and instruction at the Gym provided by VCS and any activity associated therewith, I, THE UNDERSIGNED, HEREBY AGREE TO RELEASE, FOREVER DISCHARGE, SAVE HARMLESS AND INDEMNIFY VCS and its Agents from and against all legal and equitable actions, proceedings, losses, damages, liabilities, taxes, claims, demands, judgments, rights (including set-off), remedies, recourse, costs and expenses of whatever kind or nature, whether in contract (including fundamental breach) or tort (including negligence), including all legal fees and disbursements imposed upon, made against or incurred by VCS and its Agents arising from or relating, directly or indirectly, to death, injury, loss or any direct, indirect, special, consequential, incidental, aggravated, exemplary or punitive damages to any person or property, wheresoever and howsoever caused, arising out, or in connection with the use of the Gym, rigging and equipment, notwithstanding that the same may have been contributed to or occasioned by any act or failure to act of VCS or its Agents.

I further agree and acknowledge that:

1. The use of the Gym, rigging, equipment and instruction are solely for the purposes specified by VCS and it remains my sole responsibility, with respect to my safety and the safety of those persons around me, to act and govern myself as a reasonable person would in similar circumstances.
2. I am aware of the risks inherent in participating in circus arts activities and the use of circus arts materials and gear, the Gym, rigging and equipment and I ASSUME SUCH RISKS AND WAIVE notice of all conditions, dangers or otherwise relating to or arising out of such use.
3. This Release shall bind my heirs, executors, administrators and assigns.
4. I am the full age of nineteen years and have read this release and understand it.

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

Date: _____

Full Name of Participant: _____

Full Name of Parent: (if under the age of 19) _____

Signature: _____