



AGC! Big Top & Little Top Summer Circus Day Camps 2017 Waiver/Release Form

Child's Name #1. _____ Age ____ # 2. _____ Age ____

Parent/Guardian Names(S) _____

Address _____
street city state zip

CONTACT INFO (every line must be filled in)

Tel # work: _____ home: _____ cell: _____

Emails (required, two responsible adults...please print very legibly):

1. _____

2. _____

Waiver/Release Form

Yes, We/I give my child/children, who is/are a minor/minors, permission to participate in Amazing Grace Circus! Summer Day Camp 2013. We/I, as the child's parent/legal guardian, understand the nature of activities at the AGC! Circus Arts Summer Camp. As parent/legal guardian, this is to inform you that the child registered above is in good health and proper physical condition to participate in any activities at the AGC! Circus Arts Summer Camp. As parent/legal guardian, we/I fully understand that any activities could involve physical and psychological risks, including physical injury and/or potential permanent disability and other social and economic losses. We/I understand that while all reasonable efforts will be made by the Camp Director and all staff members and trainers of AGC! Circus Arts Summer Camp, as well as other parents, Board members, and/or paid or volunteer consultants and co-participants, so as to avoid injury to any participant, including the child(ren) listed above, accidents do occur.

We/I give our permission to the training staff of AGC! to 'spot' our son/daughter in the acrobatic work that is a hallmark of circus arts and this program and understand that AGC! staff are trained to put their hands on strategic leverage spots of my child's body in order to accomplish the tricks at hand (cartwheels, flips, trapeze, silks, rola bola, spanish web, tightwire, et al) to keep our/my child safe. We/I understand that, in the course of 'spotting' my/our child, the trainers hands may come into contact with my child's chest, legs, thighs, back, bottom, shoulders, neck, head, arms, hands and feet. It is understood that this is normal in the course of acrobatic work and every reasonable effort will be made on the part of the trainer to use the safest methods available to him/her, using 'best practices' methods, while spotting my/our child in these acrobatic exercises.

As parent/legal guardian, We/I have instructed our/my child to comply with all appropriate and reasonable safety measures, including verbal and written instructions as provided by AGC! Circus Arts Summer Camp staff. In addition, with knowledge and understanding, We/I hereby state, as parent/legal guardian for the above-listed child(ren), that We/I fully accept and assume all such risks and all such responsibility for any such losses, costs and damages that may be incurred as a result of our/my child's participation in any activities with or on behalf of, directly or indirectly, the AGC! Circus Arts Summer Camp. As parent/legal guardian and on behalf of the above named child(ren), We/I hereby release, discharge and covenant not to sue: Amazing Grace CIRCUS! Inc., the Episcopal Diocese of New York and New Jersey, Grace Episcopal Church Nyack and its staff and trainers, its approved leaders or sponsors, its members and/or co-members, representatives, officers, agents, employees, directors, volunteers, advisors and each of them, for any and all past, present or future loss to property, and/or bodily injury resulting from any activities engaged in by my child(ren). This release, discharge and covenant not to sue is for any act of negligence, except as to gross negligence.

In case of medical emergency, We/I, the parent/legal guardian of the child(ren) above-listed, hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, and is given to provide authority and power to render care that is deemed advisable in the best judgment of the physician if We/I cannot be readily located to give permission to treat. By this agreement, we also provide a model release to AGC! to use any photos and video footage of my child(ren) for publicity purposes, both revenue and non-revenue producing events, i.e., brochures, CD/DVD's, posters, etc. in any medium form including but not limited to print and/or electronic and/or digital now and in the future.

We look forward to having your child(ren) at AGC! Camp and sharing with them the spirit and joy of circus.

Send this form to:

Carlo Pellegrini, Circus Director
279 South Broadway, Nyack, NY 10960
(845) 721-5059

Or scan and email to:

carlo@amazinggracecircus.org

Signature of Parent/Legal Guardian

Print name of Parent/Legal Guardian

Date