



Circus Australia
PO Box 1266
50 Perry Street Collingwood, Victoria 3066
ABN: 43 005 412 788

www.circusoz.com

2019 Child Consent Form

(Please print clearly)

Participant's name		Date of birth	
Parent's first name		Parent's surname	
Address			
Suburb		Postcode	
Mobile phone		Work/home phone	
Email			
Class	<i>(eg Intro to Circus, Teen Aerials, private workshop/event, festival workshop/event, etc)</i>		

(If you are enrolled in classes, please tell us if any of these details change)

PLEASE LIST ANY MEDICAL/ HEALTH CONDITIONS CIRCUS OZ SHOULD BE AWARE OF:

I fully understand the nature of the Circus Oz workshop program and give my consent for my child/children, to participate knowing and accepting that Circus Oz ensures that activities are carried out responsibly and with a high regard to safety.

I understand that I am responsible to pay all medical costs, which may occur as a result of my child's actions to him/herself during these workshops.

I also give my permission for persons authorized by Circus Oz to seek appropriate medical aid in the event that my child is injured.

I shall, on demand, indemnify and keep indemnified Circus Oz against all reasonable costs, charges, expenses, liabilities, outgoings and payments which Circus Oz pays, is liable to pay or sustains in any way arising from any circumstance which may occur during my child's attendance at the workshop program.

SIGNED _____ **DATE** _____

Would you like to join '**Mates of Circus Oz**'? You will receive via email, info about Circus Oz classes and updates of our antics and special offers?

YES NO

From time to time Circus Oz may take **photos or footage** during classes, which may be used for publicity purposes. Would you be happy for your child's image to be used?

YES NO
