



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

www.circusoz.com

2019 School Record of Consent Form

Name of School:	
Date of event:	
School contact name:	
Email:	
Phone number:	
School address:	

I confirm that all parents/guardians of students from _____ (*school name*) have signed the SCHOOL excursion indemnity form.

I confirm that all parents/guardians of students attending the workshop have given permission for the _____ (*school name*) teacher accompanying them to provide medical / first aid assistance or seek medical assistance if needed.

I will advise, as communicated to me by parents / guardians, of any participant medical/health conditions or special needs that Circus Oz should be aware of prior to the event.

I confirm that there will be a _____ (*school name*) staff member present in all workshop areas at all times during the event.

I confirm that if Circus Oz needs a copy of any signed indemnity form for this excursion it will be made available to Circus Oz.

NAME _____ **DATE** _____

SIGNATURE _____

POSITION _____

INFORMATION

Circus Oz ensures that activities are carried out responsibly and with attention to safety.

Circus Oz understands that parents / guardians are responsible to pay all medical costs, which may occur as a result of student's actions to him/herself during the workshop.

Circus Oz understands that all parents/guardians of students attending the workshop 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 participants' attendance at the workshop program, except to the extent that such loss, damage or injury is caused by the negligent or wilful act or omission by Circus Oz.