

**BATESVILLE AREA ARTS COUNCIL
CIRQUE US WORKSHOPS
PARTICIPANT WAIVER AND RELEASE OF LIABILITY**

Participant Name: _____

Date of Birth: _____

Workshop(s) Attending (Check all that apply):

- ☐ Family Circus
- ☐ Juggling
- ☐ Clowning

1. Acknowledgment of Risk

I understand and acknowledge that participation in Cirque Us Workshops may involve physical activities including, but not limited to: tumbling, juggling, acrobatics, clowning, and theatrical performance. I understand these activities carry certain inherent risks, including but not limited to: bruises, falls, strains, sprains, broken bones, or other injuries.

2. Assumption of Risk

I voluntarily choose to participate or allow my child to participate in the Cirque Us Workshops and assume full responsibility for all risks of injury or damage that may occur as a result of participation.

3. Release and Waiver

I hereby release, waive, and discharge the **Batesville Area Arts Council, Cirque Us**, their staff, volunteers, directors, officers, and affiliates from any and all liability for any injury, damage, or loss arising out of or related to my (or my child's) participation in these workshops, whether caused by negligence or otherwise.

4. Medical Treatment Authorization

In the event of an emergency, I authorize the Batesville Area Arts Council and Cirque Us to seek emergency medical treatment for me or my child. I understand I am responsible for all costs related to medical treatment.

5. Media Release

- ☐ I grant permission
- ☐ I do not grant permission

for the Batesville Area Arts Council and Cirque Us to use photographs, video, or audio recordings of me/my child taken during workshops for promotional, educational, or informational purposes.

6. Behavioral Expectations

I understand that all participants are expected to behave respectfully and follow safety instructions provided by instructors. Failure to comply may result in removal from the workshop without a refund.

Participant Signature: _____

Date: _____

If under 18 years of age:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Name: _____

Phone Number: _____