

Participant Declaration and Indemnity Form

(Must be completed by Parent/Guardian of Participants under 18 years old)



Name of Participant _____

Address _____

Phone _____ Birth date _____

Parent/Guardian Name _____

Phone Home _____ Work _____

Mobile _____

Medicare Number _____

Name on Card _____

Emergency Contact

Name _____ Phone _____

Medical/Physical Condition

Does the participant have any allergies, disabilities or special condition that we should be aware of? If so, please state detail including personal doctor's name and phone number as well as your medical fund details.

In case of an emergency, I authorise the trainers or staff, where it is impractical to communicate with me, to arrange for me/my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am /my child/ward is participating in the classes.

I understand that although J C Love Productions t/a Circus Stuff & JoJos Party Plus and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of these classes and I agree that I/my child/ward undertake/undertakes the activities at my /his/her own risk.

I release and indemnify the proprietor/director of J C Love Productions Pty Ltd, Jo Jo's Party Plus and Circus Stuff and all employees and contracted trainers against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever arising directly or indirectly out of any personal injury to me/my child/ward howsoever occasioned.

Signed _____ Print Name _____

Signed _____ Print Name _____

Parent/Guardian (if participant under 18 years)

Date _____