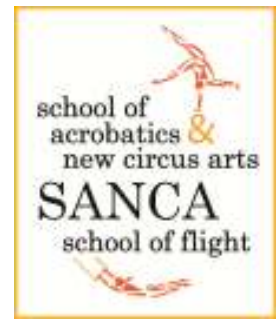


Medical History

Medical Information: Does the student have any of the following conditions?

- Asthma Epilepsy Joint Injuries Back Injuries Diabetes
- Recent Surgery Vision or hearing Impairment Orthodontic Appliances
- Any other Medical, Learning or Sensory Problems of which we should be aware? (if yes, please explain)
-
-



Participant Agreement, Release and Assumption of Risk

Student's Name: _____
Last First

Attending the party for _____

In consideration of the services of the School of Acrobatics and New Circus Arts, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (here in after collectively referred to as "SANCA"), I hereby agree to release, indemnify, and discharge SANCA, on behalf of myself, my spouse, my children, my parents, my heirs, personal representative and estate as follows:

- I acknowledge that my participation in flying trapeze, circus training and instruction and other various activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
The risks include, among other things: slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; strains, cuts, bruises, muscle soreness, and fractures; musculoskeletal injuries including head, neck and back; injuries to internal organs up to and including paralysis or even death; the negligence of other people; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity. Traveling to and from shows, meets and exhibitions raises the possibility of any manner of transportation accidents. In any event, if you or your child is injured, you or your child may require medical assistance, at your own expense.
- Furthermore, SANCA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. Or the equipment being used might malfunction.
- I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SANCA for any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, of my use of SANCA's equipment or facilities, including any such claims which allege negligent acts or omissions of SANCA.
- Should SANCA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- In the event that I file a lawsuit against SANCA, I agree to do so solely in the state of Washington, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SANCA on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

Parent's or Guardian's Additional Indemnification

(Must be completed for participants under the ages of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by SANCA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SANCA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

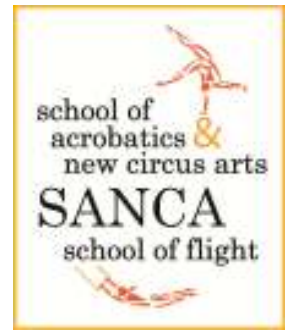
Signature of Parent or Guardian _____

Printed Name _____

Date _____

Return to: SANCA
674 S Orcas St
Seattle WA 98108
Ph: 206-652-4433
Fax: 206-763-3545

Travel Directions

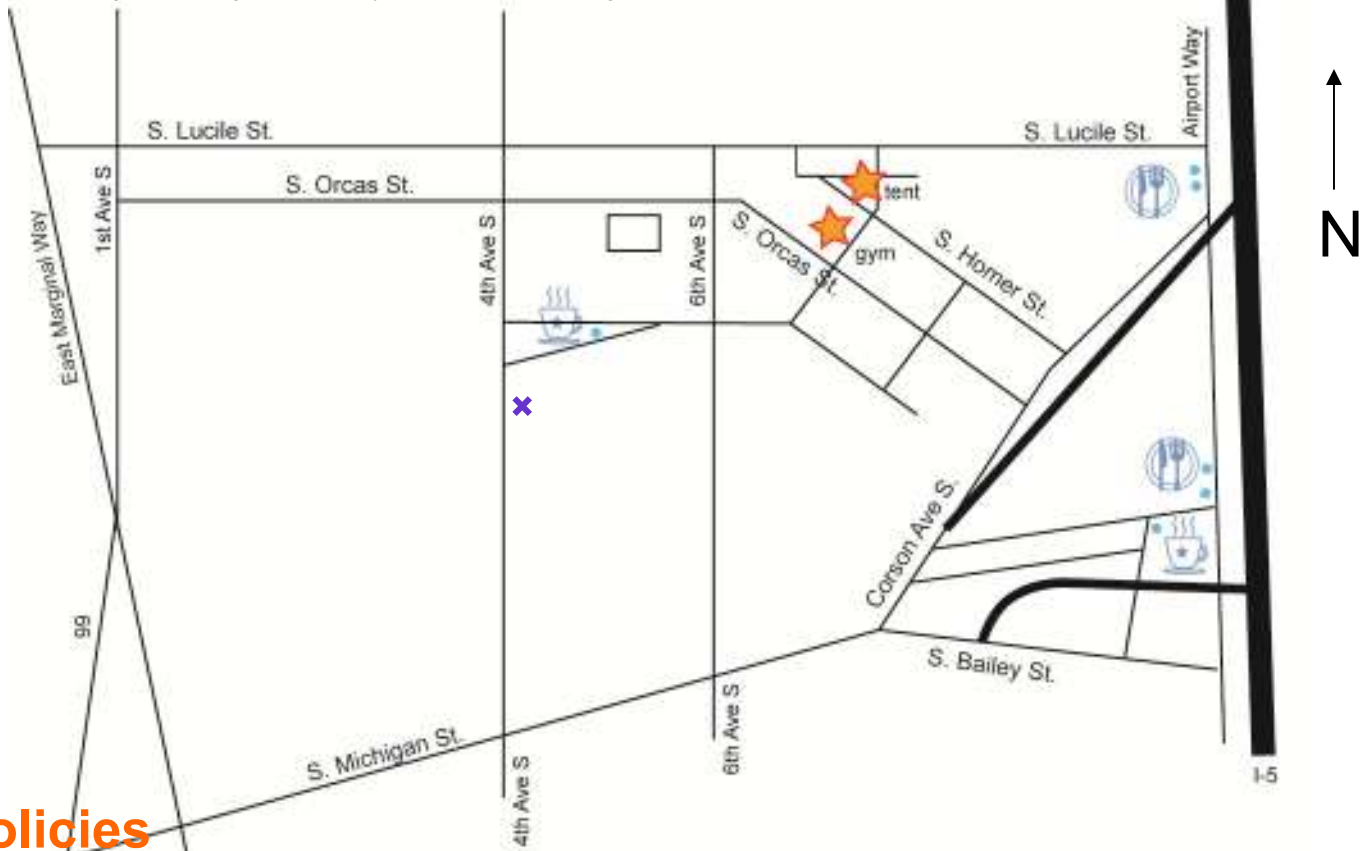


From I-5: SOUTHBOUND: Take the Corson St. exit (#162). Go Right on Michigan, turn Right on 6th Ave south, Turn right on Orcas. We are the 3rd driveway on the left ("American Diagnostics" sign at driveway). [We are near Georgetown post office] **NORTHBOUND:** Exit #162 is a **left** exit from freeway. After exiting the directions are same as above.

From downtown: Take either 1st Ave going south or Fifth Ave to Airport Way S. going south. Travel all the way to Lucile St. S. (about 3.5 miles). From First Ave S go left (east) on Lucile, from Airport Way turn right (west) onto Lucile. Go to 6th Ave S., turn onto Sixth heading south. Go Left on Orcas and turn into the 3rd driveway on your left ("American Diagnostics" sign).

From Highway 99: (99 turns into Marginal way) Turn east on Lucile (this is north of the 1st Ave south bridge). Turn Right on 4th Ave S, then left onto Orcas. Cross 6th Ave S, turn left into the 3rd driveway after crossing 6th. ("American Diagnostics" sign).

From over Beacon Hill: **NORTH BEACON:** Come down Holgate to 4th Ave south. Go past Costco, turn left on Orcas. Drive between the buildings of the Design Center. Cross 6th Ave S (stop sign), and turn into the 3rd driveway on your left. ("American Diagnostics" sign at driveway). **MID/SOUTH BEACON:** S. Columbian Way over the hill to I-5 going south, take the next exit (#162 Corson/Michigan). Go Right on Michigan, Turn Right on 6th Ave south, Turn right on Orcas. We are the 3rd driveway on the left ("American Diagnostics" sign at driveway). [We are near Georgetown post office]



Policies

(Abridged—please feel free to pick up a full length version in our office)

Class Conduct: Students MUST follow the safety rules. Students are expected to be courteous and encouraging to classmates. Students must stay with the group. No gum or food. You may bring a water bottle. We provide water breaks and water for students.

Observation: Please supervise children in the viewing room. No one is to lean out of the windows. Please no children standing on chairs by open windows. The observation area is not a gym or playground, children may not run freely. Please do not sit on the stairs. It is against fire code. Please do not remove equipment from the teaching area for your child to play with. No one is to be on any equipment when not in class and under their instructor's supervision.

Attire: Students must wear comfortable, stretchy clothing that is not too baggy. NO zippers or buckles on clothing. They catch on/tear aerial & trampoline fabric and can be dangerous to the student. Shirts must be able to tuck in. No degrading or profane messages on clothing. Students may go barefoot, wear socks or gym/ballet shoes (for tightrope). Please have clean feet and/or clean socks. Long hair must be tied back. No necklaces or body jewelry.

Illness: Please do not bring your child to the gym with untreated pink eye, fever, vomiting or diarrhea, any wet or open rash or sores, or if you think s/he might have croup. Please cover warts with tape or a band-aid.

SANCA
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