



Child Consent Form

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 attention 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

NAME (please print)

ADDRESS

..... P/CODE.....

PHONE H M

EMAIL

PLEASE LIST ANY MEDICAL OR OTHER CONDITION CIRCUS OZ SHOULD BE AWARE OF:

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Would you like:

- To receive info about Circus Oz classes via email? YES NO
- To join 'Mates of Circus Oz', you will receive via email, updates of our antics and special offers? YES NO

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