



## Adult Consent Form

I.....fully understand the nature of the Circus Oz classes and as such agree to participate at my own risk, knowing and accepting that Circus Oz will ensure that activities are carried out in as safe a manner as is reasonable.

I agree to abide by any guidelines set out by Circus Oz and to follow the instructions given by the workshop teachers. I also undertake to pay all medical costs which may be incurred by me and/or by anyone as a result of my actions while participating in these workshops.

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 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:

.....

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

**CIRCUS AUSTRALIA LIMITED**  
**PO BOX 504, Port Melbourne Vic 3207**  
**admin@circusoz.com.au**  
**www.circusoz.com**  
**ABN 43 005 412 788**