

# AerialWorks LLC Registration Form

## Student Information

Student Name \_\_\_\_\_  
 If under 18, guardian's name \_\_\_\_\_  
 DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
 Relation to Student \_\_\_\_\_  
 Emergency Contact Phone \_\_\_\_\_  
 Medical conditions/allergies \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Photo Release

(initial) \_\_\_\_\_ I grant AerialWorks Castle Rock and its representatives and employees the right to take photographs and video of myself/my child for use in advertising.

## Assumption of Risk/Waiver of Liability

I fully understand that aerial arts carries a risk of serious bodily injury, including but not limited to permanent disability, paralysis, and death. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I may incur as a result of my or my child's participation. 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 an injury myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

I hereby voluntarily release, discharge, and agree to indemnify, and agree not to sue AerialWorks LLC, its respective administrators, directors, agents, officers, volunteers, employees or other participants, sponsors, and advertisers. I hold harmless the above mentioned from all claims, demands or causes of action which are in any way connected with my participation in this activity or my use of the AerialWorks LLC equipment or facilities.

I have read the **Assumption of Risk/Waiver of Liability**, understand that I have given up substantial rights by signing it, have signed it freely and without any inducement or assurance of any nature, intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and affix my name in agreement.

Signature \_\_\_\_\_

Print \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_