



## Student Registration

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

If you have any kind of pre-existing condition which may affect your ability to participate in Cirque School LA, we ask that you let us know and that you consult a health care practitioner before your participation.

List and Date any PHYSICAL INJURIES, SURGERIES, or anything else we should know:

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants **under the age of 18 years old**)

In consideration of \_\_\_\_\_ (PRINT NAME OF MINOR) here to fore referred to as MINOR, being permitted by CSLA to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless CSLA 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.

PARENT OR GUARDIAN NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CIRQUE SCHOOL LA**  
**WAIVER OF LIABILITY AGREEMENT**

*by and between:*

(“I”, “me”, “my”, “myself”)  
(printed name)  
[for parent on behalf of child: print your child’s name]

*and*

Troupe Vertigo, Inc. a California Corporation, and all of its agents,  
d/b/a “Cirque School LA” and located at:  
5640½ Hollywood Blvd, Los Angeles, CA 90028 (“the School”)

IN CONSIDERATION OF THE SCHOOL’S ALLOWING ME TO ENTER THE SCHOOL AND/OR TO USE THE SCHOOL’S FACILITIES, I AGREE AS FOLLOWS:

1. AFFIRMATIONS AND ACKNOWLEDGEMENTS [Section 1 applies students only]

I affirm that I have completed the School’s health history form to the best of my ability and that I have no pre-existing condition (including pregnancy) that would indicate that I should not participate in an exercise program.

I acknowledge that the School recommends and encourages me to get clearance from my physician before I participate in an exercise program.

I affirm and agree that if, after the signing of this Agreement, I acquire any condition that would indicate that I should not participate in an exercise program (including pregnancy), I will not engage in any exercise at the School without my physician’s written clearance.

I acknowledge that many of the activities I am likely to engage in at the School involve risks that are essential to the activities and that the elimination of these risks is sometimes impossible and, even when possible, may diminish the value of the activities.

I acknowledge that many of the activities I am likely to engage in at the School involve the risk of serious physical and emotional injury, paralysis, and even death.

I acknowledge that it is my responsibility to cease exercise immediately and to inform my instructor(s) if I feel any discomfort while exercising.

I acknowledge that I do not have to engage in any activity at the School that I do not wish to engage in.

2. AUTHORIZATIONS

I authorize the School to administer emergency first aid to me when the School deems it necessary for the protection me or others.

I authorize the School to secure emergency medical care and/or transportation for me at my expense when the School deems it necessary for the protection of me or others.

I authorize the School to share my medical history with emergency medical personnel when the School deems it necessary for the protection of me or others.

I authorize the School to touch my person (and/or to instruct others to touch my person) when the School deems it necessary to protect me or others (and/or, if I am a student, to ensure that I am using proper form).

I authorize the School to terminate my participation in any activity at the School when the School deems it necessary for the protection of me or others.

3. ASSUMPTION OF RISK

I assume the risk of any injury and/or damage resulting from my presence at the School, including, but not limited to, any injury and/or damage resulting from my engaging in any activity at the School, whether I engage in the activity actively or passively.

I understand that my assumption of risk extends to risks beyond the risks that are essential to the activities that students are likely to engage in at the School – to *all* risks, including, but not limited to, risks that may exist in the non-exercise areas of the School (for example: lounge areas, restrooms, kitchens, entryways, driveways, and sidewalks).

I further understand that my assumption of risk extends to the risk that I may witness injury and/or damage to others, including my family and friends.

I understand that the School is not in the business of selling equipment to the public, that the School does not place equipment into the stream of commerce, and that the School's provision of equipment is incidental to the services that the School provides, and I assume the risk of any injury and/or damage that may result from any defect in any such equipment.

I understand that if I bring any personal belongings to the School, I assume the risk of theft or loss of the belongings.

I intend the terms of this Section to be interpreted as broadly as possible under the laws of the State of California and never in such a way as to limit the terms of any other Section of this Agreement. I agree that the terms of this Section shall survive the expiration or termination of this Agreement.

**By initialing here, I affirm that I have read Section 3 carefully, that I understand its terms fully, and that I agree to its terms voluntarily: [ ]**

4. RELEASE AND DISCHARGE FOR ORDINARY NEGLIGENCE

On behalf of myself, my spouse, my family, and my heirs, successors, and assigns: I forever release and discharge the School (and its owners, officers, employees, representatives, instructors, students, participants, volunteers, guests, facility owners and operators, and/or any other person acting, or allegedly acting, on behalf of the School) from any and all claims or causes of action, known or unknown, arising out of the ordinary negligence, whether active or passive, of the School or any person acting, or allegedly acting, on behalf of the School.

With respect to any claims or causes of action that arose before the execution of this Agreement, I waive my rights under California Civil Code Section 1542, which reads as follows: “*A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.*”

I intend the terms of this Section to be interpreted as broadly as possible under the laws of the State of California and never in such a way as to limit the terms of any other Section of this Agreement. I agree that the terms of this Section shall survive the expiration or termination of this Agreement.

**By initialing here, I affirm that I have read Section 4 carefully, that I understand its terms fully, and that I agree to its terms voluntarily: [REDACTED].**

5. INDEMNITY

I indemnify the School and hold the School harmless from any loss, liability, damage, or cost, *including but not limited to investigation costs, legal costs, and attorney’s fees*, that the School incurs as a result of my presence at the School and/or my engaging in any activity at the School and/or as a result of my breach of any term of this Agreement.

I intend the terms of this Section to be interpreted as broadly as possible under the laws of the State of California and never in such a way as to limit the terms of any other Section of this Agreement. I agree that the terms of this Section shall survive the expiration or termination of this Agreement.

**By initialing here, I affirm that I have read Section 5 carefully, that I understand its terms fully, and that I agree to its terms voluntarily: [REDACTED].**

6. PROMISE NOT TO SUE

I promise not to sue the School (or its owners, officers, employees, representatives, instructors, students, participants, volunteers, guests, facility owners and operators, and/or any person acting, or allegedly acting, on behalf of the School) for any claim or cause of action that a reasonable person would believe to be precluded by the terms of this Agreement.

I intend the terms of this Section to be interpreted as broadly as possible under the laws of the State of California and never in such a way as to limit the terms of any other Section of this Agreement. I agree that the terms of this Section shall survive the expiration or termination of this Agreement.

**By initialing here, I affirm that I have read Section 6 carefully, that I understand its terms fully, and that I agree to its terms voluntarily: [REDACTED].**

7. MISCELLANEOUS

I agree that any legal action under this Agreement shall be initiated in the County of Los Angeles in the State of California and shall be decided in accordance with the laws of the State of California to the exclusion of the law of any other forum; however, I agree that nothing in this paragraph will be deemed to supersede the terms of Section 6.

I agree that no amendment or modification of this Agreement is valid unless contained in a subsequent written instrument signed both by me and by an appropriate agent of the School.

I agree that this written Agreement reflects the entire agreement between me and the School with respect the subject matter of this Agreement.

I agree that if any provision of this Agreement is held to be invalid or unenforceable in whole or in part, all other provisions of the Agreement will nevertheless continue to be valid and enforceable, with the invalid or unenforceable part severed from the Agreement and the remainder of the Agreement interpreted as a whole to the maximum extent that the severance permits.

I agree that no waiver of any part of this Agreement will be deemed a waiver of the entire Agreement or of any other part of the Agreement.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_ :

\_\_\_\_\_

(signature)

\_\_\_\_\_

(printed name)

[for parent only:] ON BEHALF OF:

\_\_\_\_\_  
[for parent only: re-print your child's name]