

You may access a downloadable PDF of CJ's Consent and Release on our website here: <https://circusjuventas.org/consent-and-release/>

CIRCUS JUVENTAS Parent/Guardian Consent and Release 2024 – 2025

I, being the parent or duly constituted guardian of a student participating in activities at Circus Juventas, do hereby consent to his/her/their participation in Circus Juventas at 1270 Montreal Avenue, St. Paul, Minnesota. I hereby release Circus Juventas and staff from any responsibility or liability for personal injury sustained by the student, and for any property damage caused by them.

I understand that use of the equipment and or participation in these activities may result in serious injury, aggravation of pre-existing condition, disability, paralysis or even death. Such events may result from any activity, whether difficult or not. They may also result from equipment failure or from the actions or inactions of other persons.

I also understand in the event medical treatment is required, I give my permission to the staff to secure the services of a licensed physician to provide the necessary treatment, including anesthesia, for my child's/children's wellbeing. In the event of immediate attention, I give my permission to American Red Cross certified CJ staff and the trained medical professionals from TRIA to assist my child/children until Emergency Medical Technicians or licensed medical practitioners arrive. Circus Juventas will make every attempt to contact the person listed on the emergency form.

I give my permission for Circus Juventas to use any photographs of my child for promotional and fund-raising purposes. I will not seek compensation of any kind from Circus Juventas.

I also waive any claims against Circus Juventas and agree to indemnify the Circus and hold it harmless in the event my child/children suffers an allergic reaction while at Circus Juventas. (While Circus Juventas takes every reasonable precaution for the safety of its students, it cannot provide an environment that is free of allergens to students with unusual susceptibility, such as food, makeup, etc.).

Signature: _____ Date: _____