



Aerial Expressions
aerialexpressionsshreveport@gmail.com

Student's Name: _____

DOB: _____ AGE: _____ GENDER: _____

Email: _____

Parent Contact:

Name _____ Cell # _____

*List any known Allergies or Medical Conditions: _____

(Please include any neurodiversity/ADHD, Aspergers, Dyslexia, Anxiety, etc.)

Liability Waiver/Release I understand and agree that Aerial Acro/Dance is a potentially hazardous activity. I recognize that there are risks inherent in aerial training including, but not limited to serious injury. The participant (student/parent/guardian) acknowledges and agrees that by student's participation and/or by the parent and/or legal guardian signature below, to indemnify and hold harmless AERIAL EXPRESSIONS, its employees, instructors, directors, agents, from any liabilities and claims resulting from any injury that may arise while participating in activities at the AERIAL EXPRESSIONS facility. The participant (if over 18 years old) or parent/guardian (if participant is a minor child), authorizes any representative of AERIAL EXPRESSIONS to have the participant treated as we deem necessary in any medical emergency during their participation in activities of AERIAL EXPRESSIONS programs. Further, the enrolled participant (if over 18 years old) or parent/guardian (if participant is a minor child) agrees to pay all costs associated with medical care and transportation of the participant. **I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.**

Signature of Participant: (if over age 18)

Date:

Signature of Parent / Guardian: (if participant under age 18)

*Date:*_____