



PO Box 2890, Broome, WA 6725, (08) 9193 5658, email: circus@theatrekimberley.org.au

Adult Participant Details

Participant First Name: _____ Last name: _____
Street Address: _____ PO Box #: _____
Email: _____ Date Of Birth: _____

Emergency Contact Name	Emergency Contact Number
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PARTICIPATION AGREEMENT

I, _____ [Insert full name of participant in block letters]

- a) Confirm that I am fit to participate in the following activities:
Sandfly Circus training, rehearsals and/or performances, as a participant, a parent helper, and/or trainer. This includes, but is not limited to acrobatic, aerial and balance activities.
- b) Confirm that I do not have any medical condition/s that exclude me from taking part in the above activities. Ongoing medical issues that Theatre Kimberley should be aware of are:

- c) Confirm that I will inform Theatre Kimberley **BEFORE ANY** activities if there are **ANY** reasons that may affect my ability to participate safely in the activities above.
- d) Acknowledge that I have read and understand the rules of the activities [see 'Sandfly Circus Rules' document] and that I am bound by these rules.
- e) Understand there are risks associated with my participation in the activities listed above that can result in serious personal injury.
- f) Consent to receiving medical treatment in the event of an emergency and agree to reimburse Theatre Kimberley for all medical costs incurred.
- g) Agree that I have read and understood this Participation Agreement.
- h) Give permission for Theatre Kimberley to photograph and/or video me, and for those images to be used for Sandfly Circus/Theatre Kimberley reporting and promotional use (including social media such as Facebook and on our website). Please tick: I agree OR I do NOT agree

Signature: _____ Date: _____

Witness: _____