In consideration of the services of the The Imperial Opa Circus LLC and The Circus School of Atlanta LLC, I attest that I understand the nature of circus arts (hereinafter referred to as “activity”) and that I am in good health, and in proper physical condition to participate in such activities.

I acknowledge that if I believe any conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the activity, the conditions in which the activity takes place, and that there may be other risks either not known to me or not readily foreseeable at this time. I fully understand, accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue The Imperial Opa LLC, The Circus School of Atlanta LLC, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the “RELEASES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “Releases” or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, defend, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

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 injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

If any participant is deemed disruptive to the class they will be asked to sit out to ensure their safety and the safety of the other participants. If the disruption continues the participant will be asked to leave the premises and no refund will be given.

I understand that at this event or related activities, I and other participant may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. This is a photo release for the signer or participant listed on this waver.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, PHOTO RELEASE AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it voluntarily, freely
and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant Signature ______________________________  Date : ____________________

Participant Name (print) ______________________________

(Parent or Legal Guardian should sign the name of the participant if the participant is under the age of eighteen (18) years of age).

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

In consideration of ____________________________________________ (print minor's name) ("Minor") being permitted by The Imperial Opa LLC and and The Circus School of Atlanta LLC, to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless The Imperial Opa LLC and and The Circus School of Atlanta LLC, 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 :

<table>
<thead>
<tr>
<th>Signature of Parent or Guardian</th>
<th>Date : ____________________</th>
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</thead>
<tbody>
<tr>
<td>Print Name of Parent or Guardian</td>
<td>____________________________</td>
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Emergency and General Contact Information (*Please Print) :

<table>
<thead>
<tr>
<th>Your Email :</th>
<th>Age :</th>
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</thead>
<tbody>
<tr>
<td>Your Phone : ( )</td>
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<tr>
<td>Emergence contact name :</td>
<td>Emergency Contact 1 Phone : ( )</td>
</tr>
<tr>
<td>Emergence contact name :</td>
<td>Emergency Contact 2 Phone : ( )</td>
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</table>

* If you or the participant has a medical condition we should be aware of, please let us know BEFORE your participation in the event.