

PLEASE READ CAREFULLY AND SIGN ALL SECTIONS

A. INSURANCE INFORMATION

Do you have health insurance? Yes No

Insurance Company _____ Policy Number _____

In case of emergency please contact: (please print)

Name _____ Relationship _____

Phone _____ Alt. phone _____

Does the student suffer from any medical conditions? Yes No

If Yes, please list conditions: _____

Does the student regularly take any medications? Yes No

If Yes, please indicate the medications, the dosage, and state if they carry that medication with them.

Signature (Parent or Guardian if student is under 18) _____

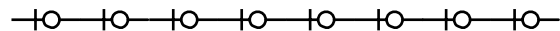
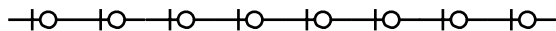
Print name of signer _____ Date _____



B. PHOTO RELEASE

I will allow Frequent Flyers Productions and Aerial Dance Festival the right and permission to publish, without charge, photographs taken during ADF 2008. The photographs may be used in electronic publications promotional literature and advertising. Names of subjects will not be given.

Signature of Participant _____ Date _____



C. TRANSPORTATION

I understand the festival is NOT responsible for my transportation between CU and the Boulder Circus Center. If I have scheduled classes back-to-back in those locations, I am responsible for my own transportation.

Signature of Participant _____ Date _____



REGISTRATION FORM

Complete all 3 forms and send with payment to: FFP, PO Box 1979, Boulder, CO 80306. 303-245-8272.

Participants must be 10 years of age (12 years for Bungee) or older. The Liability Waiver, Insurance Information, Photo Release and Transportation sections of these forms must be signed by each participant 18 or over, or by a parent or legal guardian if the student is under 18.

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth (required) _____

Would you like to have your contact information included in the Aerial Dance Festival Directory? Yes No
(your date of birth will not be published)

NOTE: If your first choice class is full, you will be placed on its wait list and enrolled in your 2nd choice class. If the 2nd choice class is also full, you will be contacted.

First Choice Course Title	Fee	Second Choice Course Title
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
Subtotal Fees		
Registration Fee	\$15	(Enrolled CU students with an ID are exempt)
TOTAL		
**Amount Paid		
***Amount Owed		

REGISTRATION & FEE PAYMENT

50% of the TOTAL is due as a payment with your mail-in registration to secure a place in classes. Class sizes are limited to allow access to the aerial equipment, so register early. *Full fee payment is due by July 14. Failure to complete payment will result in forfeiture of a secured place in classes. Check or money orders only, made payable to Frequent Flyers Productions. Foreign students MUST send money orders in U.S. dollars.

Students must register for the full class session as material is contiguous. No drop-ins.

A one-time \$15.00 registration fee is required for each student to cover administrative overhead. (Enrolled CU students are exempt).

REFUND POLICY

The \$15 registration fee is non-refundable. Through June 13, 100% of your class tuition is refundable. From June 14, through July 11, 90% is refundable. From July 12, through July 25, 80% is refundable and after July 25, there will be NO REFUNDS.

LIABILITY WAIVER

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Frequent Flyers Productions, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "FFP"), I hereby agree to release, indemnify, and discharge FFP, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in a low flying trapeze and aerial dance class entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Aerial Dance activities entails certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, Aerial Dance students would not improve their skills, and the enjoyment of the activities would be diminished. Aerial Dance activities expose its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants can fall off equipment, sprain or break wrists and ankles, and can suffer more serious injuries as well. Traveling to and from shows raises the possibility of any manner of transportation accidents. In any event, if you or your child is injured, your or your child may require medical assistance, at your own expense.

Furthermore, FFP employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless FFP from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of FFP's equipment or facilities, **including any such claims which allege negligent acts or omissions of FFP.**
4. Should FFP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. 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.
6. In the event that I file a lawsuit against FFP, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of Colorado shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against FFP on the basis of any claim from which I have released them herein.

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.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

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 FFP to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless FFP 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 _____ Print Name _____ Date: _____