



LONE STAR CIRCUS SCHOOL

The Palaestra, 3550 Garden Brook Drive, Farmers Branch, TX 75234
214-206-1449 www.lonestarcircus.org

CIRCUS CLASS REGISTRATION FORM & SCHEDULE FALL 2009 AUGUST 29TH TO DECEMBER 19, 2009

CLASS SCHEDULE & RATES:

No Classes on 11/25 (Wed) or 11/28 (Sat)

Wednesday	4:30 pm - 6:00 pm	Circus/Open Gym - all ages	\$360
	5:30 pm -6:30 pm	Adult Circus	\$450
Saturday	10:00 am -11:30 am	Circus - 5 to 17 year old	\$384
	10:00 am - 11:30am	Adult Circus	\$480
	11:30 am - noon	Circus - 3 to 5 year old	\$128

POLICIES & PROCEDURES

ANNUAL REGISTRATION FEE: \$35 per student per year -\$ 55 per family per year- This non refundable fee must be added to each student registration and is valid for one year. A 10% discount will be applied to all siblings.

TUITION: Tuition: Full payment must be made prior to each session. A 15% penalty fee will apply for late payment made after the first class of each new session.

CLASS MAKEUP: No makeup for classes missed due to student illness or vacation.

CANCELLATIONS/ WITHDRAWALS : Lone Star circus reserves the right to cancel a class due to insufficient enrollment. In that case, the student would receive a full refund. Students voluntarily withdrawing from a class after the session start may not receive a refund.

LIABILITY RELEASE FORM : Must be filled and signed for each student.

Parent/Guardian _____ E-mail _____
 Home Phone : _____ Cell Phone: _____ Work phone: _____
 Address _____
 City _____ State/Zip _____

STUDENT 1

Date of Birth _____ School _____ Grade: _____
 Class name : _____ Day/ Time _____ Fee: _____
 Class name : _____ Day/ Time _____ Fee: _____
 Class name : _____ Day/ Time _____ Fee: _____

STUDENT 2

Date of Birth _____ School _____ Grade: _____
 Class name : _____ Day/ Time _____ Fee: _____
 Class name : _____ Day/ Time _____ Fee: _____
 Class name : _____ Day/ Time _____ Fee: _____

Sub-Total: _____
\$35 annual registration: _____
(\$55 with siblings): _____
TOTAL: _____

PAYMENT METHOD:

Check (Checks payable to Lone Star Circus Arts Center) Check #: _____
 Cash
 Credit Card Visa Master Card
 Payment amount \$ _____
 Credit card account # _____ Expiration date _____

Please bring or email registration form along with payment to:
Sigourney Weathers or Fanny Kerwich
LSCS at The Palaestra
3550 Garden Brook Drive
Farmers Branch, TX 75234



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the Circus Activity (“Activity”), I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. 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, or the negligence of the “releases” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully 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 Lone Star Circus Arts Center, Inc., Lone Star Circus School (LSCS), Lone Star Circus (LSC), Dallas International School, University of Texas at Dallas, Dallas Children’s Theater, Rosewood Center for Family Arts, Granville Arts Center and/or The Palaestra 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 on of the “RELEASEES” 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 “Releasees” 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 Releasees, *I will indemnify, defend, save, and hold harmless each of the Releasees* from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it 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.

For reasons including safety, I agree not to work, either free or for wage, as an aerialist on the silk, tissue, chiffon, rope, trapeze, or ring unless and until I am “certified” in writing by LSCS and provided written consent by LSCS.

Printed Name of Participant **Date:** _____

Signature of Participant **Date of Birth:** _____

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

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified in such activity. I hereby release, discharge, covenant not to sue and **AGREE TO INDEMNIFY, DEFEND, SAVE AND HOLD HARMLESS** each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence, acts, omissions or fault of the Releasees or otherwise, *including claims or injuries arising out of Releasees’ own negligence, fault, acts or omissions* and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, **I WILL INDEMNIFY, DEFEND, SAVE AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

The Parent also agrees LSCS/LSC may take photographs/video/audio/film of their child(ren) and use the photographs/video/audio/film for promotional and educational purposes, including written documentation, as LSCS/LSC deems fit.

Printed Name of Parent/or Legal Guardian **Date:** _____

Signature of Parent/or Legal Guardian