

International Transition Services, LLC
Trapeze-Experience Registration Agreement Form
Flying Trapeze Course # 2702-881 July 7-9, 2017

Participant's Full Name: _____ DOB: _____

Parent or Legal Guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (1): (____) _____ Phone (2): (____) _____

Participant Medical Information:

Male () Female ()

Do you have any medical or mental conditions? No ___ Yes ___ If yes, explain:

Do you have any Allergies? No ___ Yes ___ If yes, explain:

Are you taking any medication? No ___ Yes ___ If yes, explain:

In the unlikely event of injury or illness, please indicate who should be contacted:

NAME: _____ RELATIONSHIP: _____

PHONE (DAY): (____) _____ PHONE (NIGHT): (____) _____

Medical/Health Insurance Information:

INSURANCE CARRIER: _____

GROUP NUMBER: _____ ID #: _____

In the unlikely event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary. (___ Participant's or Guardian's Initials)

Release of Image: From time to time we use the "participant's likeness" in our brochures, DVD's, website, or other promotional materials. I hereby grant to International Transition Services, LLC and to any third-party authorized by International Transition Services, LLC, the rights without limitation of time, territory or of any other nature, to use; in whole or in part, the name, image, likeness, voice, physical attributes, distinctive characteristics, now known or hereafter known, of the participant's Likeness, in whole or in part; all of which are hereinafter collectively referred to as the "Participant's Likeness".

(___ Participant's or Guardian's Initials)

Participant Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____