

**International Transition Services, LLC**  
**Trapeze-Experience Registration Agreement Form**  
**Flying Trapeze Course # 2605-574 July 1-6, 2018**

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:** \_\_\_\_\_