



Consent to Treatment Form

Name of Student _____ DOB _____

Address _____

Emergency Contact Name (print) _____ Relationship to Student _____

Emergency Contact Phone _____ Alternate Phone _____

Secondary Contact Name (print) _____ Relationship to Student _____

Secondary Contact Phone _____ Alternate Phone _____

In consideration of Pendulum Aerial Arts (PAA) allowing this individual to participate in aerial and ground skills class (herein referred to as "Activity") I, and, if I am not yet 18 years of age my parents or legal guardians, agree to be bound as follows:

I authorize PAA to provide to the Student, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the Student require such assistance, transportation, or services as a result of injury or damage related to participation in the Activity. If the Student is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached.

Please provide the following information regarding the Student:

Student's Personal Physician _____

Doctor's Address _____

Doctor's Phone _____

Student's Medications _____

Student's Allergies _____

Student's Significant Medical History _____

Primary Medical Insurance Carrier/Policy # _____

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for the Student's protection.

I HAVE READ AND UNDERSTAND THIS CONSENT TO TREATMENT AND AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Student (if not a minor) Date

Signature of Parent/Guardian Date