Sea Island Ballet Studios Inc. | LIABILITY RELEASE/WAIVER FORM

All participants MUST complete this form.
All participants and students must complete this form before participating in any classes with Ms. Miyouki at Sea Island Ballet Studios Inc.
If participant is under age 19, a parent or guardian must also sign this form.
Admission to class and/or rehearsal will not be granted if this form is not received prior to class and is not properly signed.

Waiver of Liability

I,_____, recognize and understand the risks of physical injury inherent to dance and dance training and I fully assume those risks. I hereby release Sea Island Ballet Studios Inc., event sponsors, employees and dance teachers from all liability for injuries sustained or illnesses contracted while attending or participating in any dance classes, rehearsals, workshops, or performances. I agree to indemnify, defend, and hold harmless Sea Island Ballet Studios Inc., employees and dance teachers for liabilities, costs and judgments arising from acts of omissions committed by me or my child which result in injury or damage to any person or property. Initials:_____.

Protection of Property

I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in any classes, rehearsals, workshops, or performances. I hereby release Sea Island Ballet Studios Inc., its affiliate dance studios, event sponsors, employees and dance teachers from all liability for loss or damage to my personal property while attending or participating in classes, rehearsals, workshops, or performances. I also agree to abide by any rules, regulations and policies set forth by Sea Island Ballet Studios Inc.

Initials:_____.

Medical Attention

In case of physical injury or medical emergency, I hereby authorize Sea Island Ballet Studios Inc. to make necessary arrangements to transport myself or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if my child is under 19 years of age, I understand that Sea Island Ballet Studios Inc. will attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.

Initials:_____.

Photo Release

Sea Island Ballet Studios Inc. reserves the right to use photographs and videos taken during classes, workshops, performances, or other affiliated events for the purposes of instruction, advertising and promoting. Students, or parents of students who are minors, who do not wish to comply with this policy must notify Sea Island Ballet Studios Inc. prior to participation in class.

Initials:_____.

Rentals:

Unsupervised practices are in the hands of the students, and shall not hold the studio nor owner or in part the instructions, or its affiliates, responsible.

Acknowledgement of Waiver

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the waiver and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statement, have been made. I further state that I am at least nineteen (19) years of age and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my or my child's participation in this activity, and that I will pay any medical costs that may be attendant as a result of injury to me or my child.

Initials: _____ .

PLEASE PRINT CLEARLY

Signature of Participant Date:_____.

Printed Name of Participant:_____.

Signature of Parent/Guardian (if under 19) Date:_____.

Printed Name of Parent/Guardian:_____.

Home Address:_____.

Phone Number:_____.

Email Address:_____.

Emergency Contact (if different from parent) :_____.

Relationship to Participant:_____.

Emergency Numbers (if different from number listed above) :_____.

Please list any medical conditions, injuries, allergies, etc:_____

_____

_____

_____.