

Classical Ballet Academy PARTICIPANT RELEASE FORM

Participant's Name (First) _____ (Last) _____

Street Address _____

Email _____ Phone _____

References (How did you hear about CBA?) _____

List any Injuries, Limitations or Health Conditions _____

EMERGENCY CONTACT _____ Phone _____ Relationship _____

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

_____ I grant permission to Classical Ballet Academy and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me for the purpose of publication, promotion, illustration, advertising, or trade, in any manner of in any medium. I hereby release Classical Ballet Academy and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

_____ Should it become necessary to have emergency medical treatment, I hereby give Classical Ballet Academy personnel permission to use their judgment in obtaining medical services. I give permission to the physician selected by Classical Ballet Academy personnel to render medical treatment deemed necessary and appropriate by the physician.

_____ I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 before, during or after participation at Classical Ballet Academy. Furthermore, I waive my right to file a lawsuit against the parties being released on the basis of any claim for negligence.

_____ I understand that masks are required for vaccinated and unvaccinated participants and families entering the premises.

_____ I understand and agree that The Classical Ballet Academy, 787 W. Woodbury Road, LLC, Locker Realty Corp, Locker Realty Mgmt. and individual members thereof, all officers, employees, shall be held free and harmless from any loss, damage, liability, illness, injury, cost, or expense that may arise during and related in any way and/ or occupancy of said facility or it's surrounding.

Participant's Signature (18 yrs or older): _____ Date: _____

PARENTS AND OR GUARDIANS *Must be completed by both parents and or guardians for participants under the age of 18*

In consideration of (print minor's name) _____ D.O.B. _____

Parent's Name (print) _____ Phone _____

Signature _____ Date _____

Parent's Name (print) _____ Phone _____

Signature _____ Date _____