

Ballet Arte,
Academy of Classical Ballet
742 Genevieve Street, Suite R
Solana Beach, CA 92075
Tel: (858) 259-5505
Email: balletarte@balletarte.com

2023/ 2024 Student Medical and Release Form

STUDENT _____
PARENT/GUARDIAN _____
ADDRESS: STREET _____
CITY _____
STATE _____ ZIP _____ Tel: _____

MEDICAL RELEASE:

I accept responsibility for obtaining appropriate accident, health and hospitalization insurance to cover the student in the event of personal injury. In the event of an injury or other medical emergency, I authorize Ballet Arte or its' designated representative permission to obtain medical attention for my child/ward and agree to be responsible for medical expenses incurred on behalf of the student _____ (Initial)

On the above line, please list any disabilities, restrictions, allergies or illnesses that might require medical attention.

Emergency Contact Information:

Name: _____ Telephone: _____ Mbl: _____

TUITION PAYMENT AGREEMENT:

I have read the brochure regarding payment of tuition and the withdrawal from the school policy and understand that I am responsible for late fees, returned checks fees, last months' payment and any outstanding tuition due to the school. _____ (initial)

PUBLICITY RELEASE:

I release any claims on photos or videos taken of my child/ward while they are participating at any of Ballet Arte classes, events or performances, etc. I authorize Ballet Arte to use any of these photos/videos for promotional purposes _____ (initial)

Agreement & Release of Liability

ON BEHALF OF MYSELF OR MY DEPENDENT, I _____, HEREBY

(Please print both student's and parent's name if minor)

ACKNOWLEDGE THAT I HAVE VOLUNTARILY APPLIED TO PARTICIPATE IN DANCING INSTRUCTION, TRAINING AND PERFORMANCES AT **BALLET ARTE, ACADEMY OF CLASSICAL BALLET.**

I AM AWARE THAT PARTICIPATING IN THESE ACTIVITIES (BALLET, POINTE, MODERN, JAZZ, AND PERFORMANCES) CAN RESULT IN INJURIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE UNDERSTANDING OF THE DANGER INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY.

ON BEHALF OF MYSELF OR MY DEPENDENT, I ACKNOWLEDGE AND UNDERSTAND THAT BALLET TRAINING INVOLVES PHYSICAL MANIPULATION AND ADJUSTMENT OF THE STUDENT'S BODY BY THE INSTRUCTOR.

AS LAWFUL CONSIDERATION FOR BEING ALLOWED BY **BALLET ARTE** TO PARTICIPATE IN THESE ACTIVITIES AND TO USE THEIR FACILITIES, I HEREBY AGREE THAT I WILL NOT MAKE A CLAIM AGAINST, SUE, ATTACH THE PROPERTY OF, OR PROSECUTE **BALLET ARTE**, ANY OF THEIR AFFILIATED ORGANIZATIONS, OWNERS, OR EMPLOYEES FOR INJURY OR PHYSICAL ADJUSTMENT OF THE STUDENT'S BODY DURING THEIR TRAINING OR DAMAGES RESULTING FROM THE NEGLIGENCE OR OTHER ACTS, HOWEVER SO CAUSED BY ANY EMPLOYEE, OWNER, AGENT OR CONTRACTOR OF **BALLET ARTE**, OR ITS AFFILIATES, AS A RESULT OF MY PARTICIPATION IN DANCING ACTIVITIES.

IN ADDITION, I HEREBY RELEASE AND DISCHARGE **BALLET ARTE**, ANY OF ITS AFFILIATED ORGANIZATIONS, ALL OF ITS TEACHERS, OWNERS, EMPLOYEES, AGENTS, FROM ALL ACTIONS, CLAIMS, OR DEMAND I, MY HEIRS, GUARDIANS, LEGAL REPRESENTATIVES, OR ASSIGNS NOW HAVE OR MAY HEREAFTER HAVE FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN DANCE CLASSES, INSTRUCTION, OR PERFORMANCES.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BALLET ARTE, ACADEMY OF CLASSICAL BALLET AND ITS AFFILIATED ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

Signature of dancer, parent or responsible party _____ Date _____