

INTERNATIONAL BALLET ACADEMY

Participation Liability Waiver Form

Student's Name: _____

Date of Birth: ____/____/____ Age: ____

Parent's
Name(s): _____

Liability Release Agreement

I do hereby indemnify and hold harmless, release, and forever discharge International Ballet Academy, its staff, guest teachers, and its directors from any and all claims of personal injury or property loss or damages sustained by me or my child while participating in class, rehearsals, performances or any other activities with International Ballet Academy and/or its staff. Student participation is voluntary and the parent/guardian acknowledges the risks of potential injury associated with the physical demands of dance training.

I authorize the staff of International Ballet Academy to seek medical treatment for me/my child in the event of an emergency, and shall hold International Ballet Academy and its staff harmless in such an event. I will inform International Ballet Academy in writing of any pertinent medical conditions or physical limitations that my child has.

Parent/Guardian Signature _____

Date ____/____/____

Printed Name: _____