

THE SCHOOL OF RICHMOND BALLET

Adult Contact Information and Release of Claims Form*

(one completed form per student)

*Signed Release of Claims must be RENEWED each school year.

Student's Name: _____ DOB ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email*: _____

Parent's Name (if student is under 18): _____

Parent's Address (if different from above): _____

City: _____ State: _____ Zip: _____

Parent's Phone: _____

*Important Adult Division Information will be sent via email (i.e. snow closings and traffic alerts).

Release of Claims, Authorization and Photograph/Likeness

Release/Authorization made on (today's date) _____, By, _____

(Parent or Guadian, if under 18), concerning (Students Name) _____

I am aware that ballet dancing and the gymnastic exercises associated with it place unusual stress on the body and carry with them the risk of physical injury. On behalf of myself (or my child/ward if they are under the age of 18), I assume the risk and agree that The School of Richmond Ballet shall not be liable in any way for injuries sustained during attendance at The School of Richmond Ballet, its successors and its assignees for all personal injuries caused by, or arising from, the above described activities or any activities related thereto.

Further, I grant The School of Richmond Ballet, its agents and employees, permission to authorize any emergency medical treatment that may be required for myself (or my child/ward if they are under the age of 18) during the participating session.

My medical insurance carrier is:

Insurance Company

Policy/Group Number

Cover Dates

I, _____, (or my child/ward, if under 18) authorize The School of Richmond Ballet and/or its representative, agent, or employee to use any photograph/likeness of me (or my child), _____, for any purpose, including publicity, choreographic archives, promotional materials, and/or any other reason deemed appropriate by the artistic staff or marketing director.

Signature (or of parent/guardian if student is under 18 years of age)

Date

I, the undersigned, have read this release/authorization and understand all of its terms. I execute it voluntarily and with knowledge of its significance. I have executed this release/authorization on the day and year stated below.

Signature (or of parent/guardian if student is under 18 years of age)

Date