



RICHMOND BALLET

MINDS IN MOTION

Permission/release form for weekly classes at student's school and rehearsals and performances on June 1st and 2nd, 2017 at the Martin Luther King Jr. Performing Arts Center.

Please return this form to your child's classroom teacher as soon as possible.

Student's Name: _____

Student's School: _____ Teacher: _____

Parent/Guardian Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

City, State Zip: _____ Work Phone: _____

Student's Date of Birth: _____ Email: _____

Insurance Co. & Policy No.: _____

Allergies/Health Concerns: _____

This child has my permission to participate in Richmond Ballet's *Minds In Motion* program at their school and all rehearsals and performances at the Martin Luther King Jr. Performing Arts Center (1400 Melbourne Road, Charlottesville, VA 22901) on May 30 – June 2, 2017. I further authorize the making or use of any films or other recordings of these activities for any purpose, profit or otherwise, that Richmond Ballet may make or authorize to be made without compensation to me or this child.

I understand that this child will be under the supervision of Richmond Ballet staff and appointees. I understand that despite the responsible supervision, which Richmond Ballet will make in this connection, Richmond Ballet cannot guarantee against the possibility of accident or illness involving this child. I hereby waive any claim that might be made against Richmond Ballet, its officers, employees and agents in connection with any injury or illness this child may incur not involving gross negligence of Richmond Ballet.

(CROSS OUT THE FOLLOWING SENTENCE IF YOU DO NOT AGREE TO THE AUTHORIZATION PROVIDED.)

In the event that any serious injury or illness should occur involving this child, I wish Richmond Ballet to take all appropriate steps to notify me immediately of the event, but if I am inaccessible for any reason, I authorize whatever medical attention is deemed appropriate for this child.

I am the custodial parent/guardian of this child and am authorized to grant this permission.

Signature of Parent or Guardian

Date