



RICHMOND BALLET

# MINDS IN MOTION

Permission/release form for weekly classes at student's school and rehearsals and performances at the Carpenter Theatre at Dominion 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 Carpenter Theatre at Dominion Arts Center (600 E. Grace Street, Richmond, VA, 23219) on April 20 – 28, 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