

Maine State Ballet Release of Claims and Authorization for Enrolled Students

School for the Performing Arts – 2011-2012

STUDENT(s) _____

Date _____

FINANCIAL

I agree to pay for all services rendered. I understand that I can not register for summer dance workshops or the following dance school year until payment is made for the current school year or session.

PHOTOGRAPHY/LIKENESS

I authorize Maine State Ballet (MSB) or its representative to use any photograph/likeness of my child or myself for purposes of publicity or promotion deemed appropriate by artistic and marketing staff.

PLACEMENT

I understand that in order for all students enrolled in class to receive the finest dance education possible, MSB reserves the right to reassess placement of any student.

MEDICAL

I hereby certify that I am, or my child(ren) is, in good health through examination by a physician and may participate in physical activity.

I have listed any health considerations below for information purposes only.

I hereby give permission for emergency medical treatment.

I certify that I am and/or my child(ren) is covered by medical and accident insurance.

I hereby acknowledge that there is an unavoidable risk of injury associated with the practice of dance.

I agree the MSB bears no responsibility if myself or my child(ren) sustain any injury during the course of activity at MSB as long as such injury is not directly attributable to the negligence of MSB.

I hereby discharge and release MSB and its directors, officers and staff from any and all liability for injury, loss, damage, obligation, expense, or penalty which I or my child(ren) sustain in connection with dance, rehearsal or other activity at MSB.

HEALTH CONCERNS

Please consider the following medical conditions when listing health issues below:

Food allergies; Asthma; Heart condition or disease; Diabetes; Seizure disorder; Allergy to medications or insect stings. If your child(ren) has these or other serious health considerations, attach a note explaining the situation, listing any current medications and detailing any special restrictions or limitations. Please indicate if your child(ren) carries maintenance or emergency medications which he/she self administers.

MSB will only use this information in case of medical emergency, not for programming considerations.

All dancers are responsible for their own level of participation.

MSB can not administer medication, monitor eating habits, or prohibit participants from activities.

Physician/Medical Provider _____ Telephone _____

Emergency Contacts: Name _____ Telephone _____ Relationship _____

Name _____ Telephone _____ Relationship _____

I, the undersigned, have read this release/authorization and understand all of its terms and significance.

Signature (parent of minor or participant) _____

Signature of student (if 18 years or older) _____

Print name _____

Date _____