

Allen Conservatory of Dance, LLC

Home Of The

Allen Civic Ballet

RELEASE FORM

Student Name _____ Sex ____ Age ____ Date of Birth ____/____/____

Address _____ (Street, City, State, Zip)

Mothers Name _____

Fathers Name _____

Home Phone # ____ - ____ - ____ Work Phone ____ - ____ - ____

Cell Phone ____ - ____ - ____ Preferred Email Address _____

Emergency Contact and Phone Number _____

Are there any medical conditions or food allergies to which we should be alerted?

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As the parent/legal guardian of _____, I hereby consent to aforementioned person participating in Allen Conservatory of Dance, LLC's (ACD) and Allen Civic Ballet's (ACB) programs. I recognize the potential for injuries which may occur in any activity involving motion. I understand that it is the express intent of ACD/ACB to provide for the safety and protection of my child and, in consideration for allowing my child to use the facilities, I hereby forever release ACD/ACB or its employees. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible further medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for ACD/ACB. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature

Date

I hereby grant the Allen Conservatory of Dance (ACD) and Allen Civic Ballet (ACB) and/or any of the authorized photographers and videographers permission to photograph and/or videotape me/my child during performances, classes, or otherwise during any event, and to use my/my child's likeness for broadcast or for use in any or all public relations and/or marketing efforts on behalf of ACD/ACB. I understand that I will not receive or be entitled to any form of compensation if ACD/ACB uses my/ my child's likeness for any form of broadcast, marketing, or any other purpose, and I willingly give my consent in return for being allowed to participate in classes and performances.

YES _____ NO _____

Parent or Legal Guardian's Signature

Date