## BALLET ARTS CENTRE MEDICAL INFORMATION AND LIABILITY RELEASE FORM

Father's Name  Mother's Name  Mother's Contact Information  Mother's Contact Information  Emergency contact when neither parent can be reached:  Please list any allergies, medications or health issues:  I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BALL ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-relate reasons or problems, which preclude my participate to in this activity.  I acknowledge that this Accident Waiver and Release of Liability Form, will be used by the event holders, sponsors, and organiz of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity. I hereby take action for myself, my executor administrators, heirs, next of kin, successors, and assigns as follows:  (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, illness (Covid-19), disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity. THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Iaz, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.  (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. Including by way of example and not limitation, any risks that may arise from negligence of release or otherwise. Including by wa	DANCER'S NAME	D.O.B
Emergency contact when neither parent can be reached:  Please list any allergies, medications or health issues:  I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BALL ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-relate reasons or problems, which preclude my participate by a qualified medical professional. I certify that there are no health-relate reasons or problems, which preclude my participate and the statistic power my actions and responsibilities at said activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organiz of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity. I hereby take action for myself, my executor administrators, heirs, next of kins, successors, and assigns as follows:  (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, illness (Covid-19), disability, personal injury, property damage, property theft, or actions of any, kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.  (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. Including by way of example and not	PARENT CONTACT INFORMATION:	
Emergency contact when neither parent can be reached:  Please list any allergies, medications or health issues:  I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH BALLI ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity. And have not been advised to not participate by a qualified medical professional. I certify that there are no health-relate reasons or problems, which preclude my participation in this activity.  I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organiz of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executor administrators, heirs, next of fits, successors, and assigns as follows:  (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liabilities, heir, heir of the entities or persons released, for my death, illness (Covid-19), disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.  (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the efficiency of their paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. Including by way of example and not limitation, any risks that may arise from negligence of release or otherwise. Including by way of example and not limitation, any risks that may arise from negligence of release or the persons or entities being released from dangerous or defective equipment or prop	Father's Name	Mother's Name
Please list any allergies, medications or health issues:    Please list any allergies, medications or health issues:   Please list any allergies, medications or health issues:   Please list any allergies, medications or health issues:   Please list any allergies, medications or health issues:   Please list any allergies, medications or health issues:   Please list any allergies, medications or health issues:   Participate list and have not been advised to not participate by a qualified medical professional. I certify that there are no health-relatereasons or problems, which preclude my participation in this activity.   Acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organize of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.   In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executor administrators, heirs, next of kin, successors, and assigns as follows:	Father's Contact Information	Mother's Contact Information
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ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-relater reasons or problems, which preclude my participation in this activity.  I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organiz of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executor administrators, heirs, next of kin, successors, and assigns as follows:  (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, illness (Covid-19), disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and outlenters.  (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. Including by way of example and not limitation, any risks that may arise from negligence or or acrelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.  I hereby consent to receive and pay for medical treatment, which may be deemed advisable in the event of injury, acci	Please list any allergies, medications or health issues:	
Parent's Signature Date	activity, and have not been advised to not participate by a creasons or problems, which preclude my participation in the I acknowledge that this Accident Waiver and Release of Lof the activity in which I may participate, and that it will generated in consideration of my application and permitting me to participate administrators, heirs, next of kin, successors, and assigns a controlled by them, or actions of any kind which may activity, THE FOLLOWING ENTITIES OR PERSONS employees, volunteers, representatives, and agents, and to the part of the persons or entities being released from the part of the persons or entities being released from controlled by them, or because of their possible liability. I understand while participating in this activity, I may be pused for any legitimate purpose by the activity holders, proceed the persons of the persons of Liability Form shall be extent permissible under applicable law.  We, the undersigned, and parent(s) of	qualified medical professional. I certify that there are no health-related his activity.  iability Form will be used by the event holders, sponsors, and organizer overn my actions and responsibilities at said activity.  Intricipate in this activity, I hereby take action for myself, my executors, as follows:  y and all liability, including but not limited to, liability arising from the form y death, illness (Covid-19), disability, personal injury, property y hereafter occur to me including my traveling to and from this:  Ballet Arts Centre of Jax, Inc. and/or their directors, officers, the activity holders, sponsors, and volunteers.  BE NOT TO SUE the entities or persons mentioned in this paragraph participation in this activity, whether caused by the negligence of not limitation, any risks that may arise from negligence or carelessness a dangerous or defective equipment or property owned, maintained, or without fault.  which may be deemed advisable in the event of injury, accident, and/or shotographed. I agree to allow my photo, video, or film likeness to be oducers, sponsors, organizers, and assigns.  be construed broadly to provide a release and waiver to the maximum  , certify that we have read this
	Parent's Signature	Date
Agent for Ballet Arts Centre  Date Received	Parent's Signature	Date
	Agent for Ballet Arts Centre	Date Received

1621 Camden Ave. Jacksonville, FL 32207 904-399-5687 www.balletartscentre.com