BALLET ARTS CENTRE DANCER REGISTRATION
MEDICAL INFORMATION AND LIABILITY RELEASE FORM

PARENT CONTACT INFORMATION:

_____ _____

Mother's Name Father's Name

_____ _____

Mother's Contact Information Father'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 AND ALL ACTIVITIES ASSOCIATED WITH BALLET ARTS CENTRE OF JAX, INC. I certify that I am physically fit, have sufficiently prepared or trained for participation in these activities, and have not been advised against participating by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation in these activities. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activities in which I may participate, and that it will govern my actions and responsibilities at said activities.

In consideration of my application and being permitted to participate in these activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- **(A) RELEASE AND DISCHARGE:** 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 (including COVID-19 and other communicable diseases), disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, including my traveling to and from these activities, THE FOLLOWING ENTITIES OR PERSONS: Ballet Arts Centre of Jax, Inc. and/or its directors, officers, employees, instructors, volunteers, representatives, agents, activity holders, and sponsors.

- **(B) INDEMNIFICATION:** I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this section from all liabilities or claims made as a result of my participation, whether caused by the negligence of the releasees or otherwise. This includes, without limitation, risks arising from the negligence or carelessness of the released parties, dangerous or defective equipment, or property owned, maintained, or controlled by them.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during these activities, and I agree to be solely responsible for all costs associated with such treatment.

I understand that while participating in these activities, I may be photographed or recorded. I agree to allow my photo, video, or audio likeness to be used for any legitimate purpose by Ballet Arts Centre of Jax, Inc., its producers, sponsors, organizers, and assigns.

This Release and Waiver of Liability shall remain in full force and effect perpetually and shall apply continuously to all current and future classes, rehearsals, workshops, performances, and studio events attended by the undersigned or participant, without the need for renewal.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

We, the undersigned, and parent of _____, certify that we have read this document and fully understand the content. Additionally, we have read, understand, and agree to follow the current Ballet Arts Centre policies and procedures. We are aware this is a release of liability contract; we are signing it on our own free will.

_____ _____

Parent Signature Date

1621 Camden Ave.
Jacksonville, FL 32207

904-399-5687
www.balletartscentre.com