

PARADOSI CHRISTIAN BALLET ACTIVITY RELEASE FORM

(You must agree to the following statements before participating in any Paradosi Ballet Company or Surrendered School of Dance Activity)
One form per participant.

THIS FORM IS TO BE COMPLETED BY SOMEONE WHO IS 18 YEARS OF AGE OR OLDER WHO IS A PARENT OR LEGAL GUARDIAN OF THE DESCRIBED STUDENT OR AN ADULT PARTICIPANT FOR THEMSELF:

I consent for myself and/or my child listed below to participate in any activities relating to taking any classes, performances, performance setup, performance take down, event, party, dance intensive, workshop, or any other activities that I participate in with Paradosi Christian Ballet, doing business as (DBA): Paradosi Ballet Company (Paradosi) and Surrendered School of Dance (SSD).

In case of medical need or injury, I authorize Paradosi / SSD to arrange for medical or dental services for me and/or my child listed below. I agree that any emergency services, medical, and dental expenses will be completely my obligation.

I, individually, or in my capacities as parent, or legal guardian waive, release, and indemnify Paradosi / SSD and all of its agents*, directors, officers, employees and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from any Paradosi / SSD activity, including my participation in any production, class, workshop, program setup, or program take down with Paradosi / SSD at any point now or in the future, and that involve any damage, loss, illness, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification, and promise not to sue do not apply to claims of criminal conduct or gross negligence.

I understand that Paradosi / SSD may take photographs and or video of me and my family in the course of its activities, and I grant Paradosi / SSD permission to use such materials in a manner Paradosi / SSD deems appropriate.

I understand that there is an element of risk in this activity and agree to follow all instructions, rules, and regulations. I certify that I have and will maintain accident and medical insurance for any and all activities that I or my children participate in with Paradosi / SSD. I understand that it is my responsibility to consult a physician or other health care professional before starting this or any other fitness program to determine if it is right for my personal or families needs. I understand that this is particularly true if I or my family have a history of high blood pressure or heart disease, or if I have ever experienced chest pain when exercising or have experienced chest pain in the past month when not engaged in physical activity, smoke, have high cholesterol, or have a bone or joint problem that could be made worse by a change in physical activity. I agree to stop this activity immediately if I experience faintness, dizziness, pain or shortness of breath at any time while exercising.

This Activity Release Form is in effect for any activities including classes, workshops, performances, rehearsals, production setup, production take down, fundraiser, event, party, dance intensive, workshop, or other activities that I, or any of my children, may participate in with the organization. This form is revocable, prospectively only, in writing signed by me that bears the date that the revocation is delivered to Paradosi / SSD.

By signing this form I agree that I have read, fully understand, and agree to abide by the terms of this Activity Release Form.

Minor Students • Printed Name (First and Last)

Printed First and Last Name of Parent, Legal Guardian, or Adult Participant (Ages 18 or older)

Minor Students • Birthday (mm/dd/yyyy)

Signature of Parent, Legal Guardian, or Adult Participant

Date (mm/dd/yyyy)

Personal Information: Will be kept confidential. Use the back of this form if necessary to complete the requested information

Participants Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent / Legal Guardian / Adult Participants Phone Number: (____) _____

Secondary Emergency Contact Name: _____ **Secondary Emergency Contact Phone Number:** (____) _____

Relationship of Emergency Contact to Participant: _____

Medical Insurance Company: _____ **Policy Number:** _____

Primary Physicians Name (If Applicable): _____ **Physicians Phone Number** (If Applicable): (____) _____

Optional

List any Authorized Medications that you would like for us to know about:

List any allergies that you would like for us to know about (Food, Medications, or Other):

Describe any injuries sustained in the last year that you would like for us to know about:

Describe any medical conditions that you would like for us to know about:

*Including, but not limited to, all representatives and locations used by Paradosi Ballet Company and SSD for rehearsals, performances, classes, and outings.