

Ballet Indiana Waiver

Spring 2024

ACKNOWLEDGMENT

I acknowledge that I have read and agree to the information contained in the *Ballet Indiana Expectations* and the *Ballet Indiana Performance Information Sheet*, including rehearsal and performance schedule, and audition and performance fees.

WAIVER AND RELEASE FROM LIABILITY

I have chosen to participate or have my child participate in dance rehearsals and performances given by Ballet Indiana. I acknowledge and understand the nature of the activities that I or my child will be participating in and that I am or my child is in proper physical condition and capable of participating in the related activities, understanding that Ballet Indiana is not in any way responsible for making such a determination.

I understand and agree on behalf of myself and/or my child, to release, hold harmless, and discharge Ballet Indiana from all claims, demands, costs, liabilities, expenses or judgements, including attorneys' fees and court costs for any occurrences in the connection with any dance rehearsals, performances, or activities conducted by Ballet Indiana. I further release Ballet Indiana and it's board of directors, staff, independent contractors, landlords, employees, volunteers, assistants, guest artists, and other dancers from liability for any injury, damage, loss, or death sustained by me or my child while enrolled in any Ballet Indiana program, including all risks reasonably connected with such activity whether foreseen or unforeseen.

I understand that Ballet Indiana is not responsible for my child or other children under my supervision who are left unsupervised in the common areas and areas surrounding the studio and that Ballet Indiana will only be supervising my child when he or she is participating in scheduled activities, programs, and instruction.

I understand that Ballet Indiana is not responsible for personal property that is lost, damaged, or stolen while I am or my child is at or on the School of Ballet Indiana LLC/ Ballet Indiana property or other locations of rehearsals and performances.

I acknowledge and agree that it is my responsibility to maintain my own accident and health insurance coverage that provides adequate coverage for myself and my child participating in Ballet Indiana activities and that Ballet Indiana does not provide accident or health insurance for those participating in its instruction, activities, or programs.

I authorize and agree that Ballet Indiana may take and use photographs, videos or likenesses of myself or my child for its record-keeping, advertising and/or public relations projects and that I have no rights to the same and will not be compensated for the same.

My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability pursuant to the terms herein. I am of lawful age and competent to sign this affirmation. If I am signing for my children, I certify that I am the parent or legal guardian and have right to waive these rights.

Dancer Printed Name

Date: _____

Parent or Guardian signature/Printed Name