

Open Ballet Registration Form

Date: _____

Dance/Ballet Experience/# of Years: _____

Dancer's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Home Phone:(____) _____ Dancer's Cell Phone:(____) _____ Email Address: _____

If under 18, please fill out the information below:

Guardian Name(s): 1) _____ 2) _____

Phone: 1) _____ 2) _____

Email address: 1) _____ 2) _____

Do you currently have health insurance? **Y / N**

Pertinent Medical Information (allergies, medications, etc.) _____

How did you hear about TPB? _____

RELEASE OF LIABILITY

I acknowledge that Dance Instruction is strenuous physical activity involving the risk of physical injury and have taken all steps necessary to learn of any physical impairment(s) that would limit or affect my safe participation. I voluntarily assume all risks arising from my participation in Dance Instruction and hereby release and waive all claims against The Portland Ballet or any instructor contracted by TPB to provide Dance Instruction and any and all of the other participants in class for any damages arising out of my instruction, demonstrations or performances. I further agree to hold harmless and indemnify The Portland Ballet or any instructor contracted by TPB to provide Dance Instruction and any and all of the other participants in class from any loss, cost or expense, damage or injury arising from my participation in Dance Instruction, demonstrations or performances.

PUBLICITY RELEASE AND HOLD HARMLESS

I hereby authorize and give full consent to The Portland Ballet (TPB) to write, publish and prepare articles, photographs, videotapes or DVDs concerning my activities in connection with TPB. TPB may use, or cause to be used, these articles, photographs, videos and DVDs for any and all exhibitions, public displays, commercial art for advertising purposes, without limitation, reservation or compensation.

I specifically waive and relinquish any and all rights to videotaping and sound recordings of my activities described above with full knowledge that videotaping may subsequently be distributed for showing to the public, and I further waive and relinquish any and all rights with respect to such distribution and showing.

I agree to hold TPB and its agents free and harmless from any and all liabilities resulting from their active or passive negligence, but not from willful negligence, causing injury to me or to my property.

I HAVE READ AND AGREE TO THESE RELEASES

Applicant's signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if applicant is under 18 years of age)