



Birthday Party Liability Release Form

Dancer's Name: _____

Parent/Guardian's Name: _____

Email Address: _____

Allergies/Medical Conditions of which staff should be aware: _____

Health - Participant warrants and represents that he/she has no disability, impairment, or ailment preventing him/her from engaging in active or passive exercise that will be detrimental or inimical to his/her health, safety, or physical condition if he/she does so engage or participate. This representation is made by Participant knowing that BC will rely upon the same in respect to the registration of Participant. If the participant is unable to decide on medical attention or their parents/guardians cannot be reached, the participant's parents/guardians must permit BC to authorize any necessary medical care for the participant. The parent or guardian assumes responsibility for all charges resulting from such medical treatment.

Rules and Regulations - Participant hereunder is bound and shall comply with the rules and regulations, policies, and procedures of BC (see school website). Failure to comply may result in dismissal from the BC. No refunds will be given, and participants are responsible for payment for any incomplete sessions.

Photography Release - Participant is allowing BC the taking, review or use of their photograph for possible or actual inclusion in materials including but not limited to marketing, advertising (including on the Internet) and videography without consent from, notice to or compensation for the participant including after the participants discontinuance of dancing/participation at BC. Participant consents to and authorizes the copyrighting, reproduction, and publication by BC or its agents or other professionals hired by BC, concerning videotapes or photographs that have been or may be taken of the participant, in whole or in part, or combined with other videotapes or photographs.

Participant Signature (Parent/Guardian if under 18): _____

Date: _____

Please detach voucher below and turn in the above form to the instructor



ONE FREE DANCE CLASS

Please call our office at 410-877-3281 to schedule your free class. The student will be placed in a level or class that the BC staff feel is most appropriate for the child's age and ability level.

Please present this voucher when attending class. Non-transferable to any other events, not redeemable for cash. Students and parents must agree to all policies before attending class.

Ballet Chesapeake assumes no responsibility for lost or stolen vouchers.