Sierra Nevada Ballet Company and Academy Hold harmless/Medical Liability Release Form

Dancer Number			

ancers Name:	ers Name:Age			
ail: ergency Contact Informat				
icigency contact informat	<u>011.</u>			
Primary Contact: Relationship to dancer:				
one Number:		Work/Cell#:		
e there any handicap or cui	rent injuries that limit phys	sical activity: Yes, No		
/es, explain:				
ıncer's Size:				
Shirt Size	Child:	Adult:		
Pant Size	Child:	Adult:		
Leotard Size	Child:	Adult:		
ease List any dates that w	ill conflict with rehearsals	or performance schedules:		
urrent Ballet School:				
ears of Study: lasses per week:				
lasses pei week				
mployees, or agents and or operties while engaged in	equipment from any and n dance classes, rehears	blameless Sierra Nevada Ballet Com all liability from damages, loss or inju als, performances and all related ac ot limited to the misuse of equipmen	uries, to person or tivities in connection	
hysical condition or limitat erformances and all relate	ions. I acknowledge and ed activities are entirely c	d understand that participation in do and strictly voluntary. I hereby for my as of any nature I may have against	ince class, rehearsals self, my heirs,	

By signing below you are stating that you have read and fully understand the rules and guidelines of the above stated release of liability.

Company and any organization connected with these activities and classes, their representatives, successors and assigns for any and all injuries or damages of any nature which myself/child(ren) may suffer while taking part in any activities connected with Sierra Nevada Ballet Company. I hereby represent that the above named dancer is (are) of sound health and physically able to participate in Sierra Nevada Ballet Company activities. By signing this agreement you authorize the above dancer to receive emergency medical

Dancer/Parent Signature: Date: