

PARADOSI BALLET COMPANY • SURRENDERED SCHOOL OF DANCE ACTIVITY WAIVER AND 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, fitness programs, performances, performance setup, performance take down, event, party, dance intensive, workshop, or any other activities (Activities) that I or my family participate in with Paradosi Christian Ballet, a Washington State based 501(c)3 nonprofit organization, 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 understand that there is an element of risk in the activities offered by Paradosi / SSD and assume all risk for myself, individually, or in my capacity as parent, or legal guardian of the child listed below and hereby 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 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 for myself or my child, if I, or my child experiences faintness, dizziness, pain, or shortness of breath at any time while exercising. I certify that I will maintain medical insurance for any and all activities that I or my children participate in with Paradosi / SSD.

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 dance is a physical skill that sometimes needs to be adjusted or corrected by touch. I understand that in order to help and facilitate the student's learning, the teacher may occasionally physically guide a movement by touch and that it will be done in a professional manner with the intention of the contact being made clear to the student.

This form is revocable, prospectively only, in writing signed by me that bears the date that the revocation is delivered to Paradosi / SSD.

<i>By signing this form I hereby agree that I have read, understand, and agree to abide by the terms of this Activity Waiver and Release Form.</i>		
_____ Students Printed Name (First and Last)	_____ Printed First and Last Name of: Parent, Legal Guardian, or Adult Participant (Ages 18 or older)	
_____ Students Birthday (mm/dd/yyyy)	_____ Signature of: Parent, Legal Guardian, or Adult Participant	_____ Date (mm/dd/yyyy)

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: _____

OPTIONAL SECTION:

This information will be kept confidential. Use the back of this form if necessary

Medical Insurance Company:	Policy Number:
Primary Physicians Name (If Applicable):*	Physicians Phone Number (If Applicable):*
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.