

2020-2021 SEASON WAIVER & RELEASE FORM

ALL DANCERS

Dear Parent/Guardian,

Please read the following carefully. Your child will not be able to attend rehearsals or participate in performances until this release is received by the CYB.

- (1). "I am aware that ballet dancing places an unusual stress on the body and carries with it the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that Charlotte Youth Ballet, Inc., its Board of Directors, Faculty, or Staff, or any of its chaperones and agents shall not be liable in any way for any injuries sustained or loss of property during the attendance of any of its related functions, including without limitation his/her traveling to or from any CYB function. My child has my permission to be treated for emergency medical care."
- (2). "I give my permission for photographs or video or television footage which includes my child to be used for promotional purposes on television or in newspapers, brochures, websites or any other media."
- (3). "Once my child has accepted his/her part in a CYB production, they will attend all rehearsals, dressed and ready to dance. If they are unable to attend the rehearsals, they understand that they will be replaced."

DANCER'S NAME (PLEASE PRINT)

Medical Insurance Company & Group Number

Physician's Name

Phone Number

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature

Date