



Permission to Participate Release

As the legal parent or guardian, I release and hold harmless Sawnee School of Ballet, Inc. dba Sawnee School of the Arts (SSA), its owners and operators (collectively, the "releasees") from any and all liability, claims, demands, and causes of action whether known or unknown, whether now existing or accruing in the future, arising out of or related to any loss or personal injury, including death, property damage, or other loss that may be sustained by the participant and/or the undersigned, while in or upon the premises or in route to or from any of said premises, or at or on the way to any activities of SSA. This release specifically includes injury, property damage, and other loss caused by the negligence of SSA and/or other releasee(s). I covenant that neither I, nor my spouse, nor dancer(s) will make or bring any such claim against SSA or any other releasee, and we forever release and discharge SSA and all other releasees from liability under such claims. Sawnee School of the Arts is only responsible for the safety of dancers while in the classroom during scheduled class time. I understand that dancers under the age of 10 need to be accompanied by a parent or authorized guardian, and that SSA accepts no responsibility for children who leave the SSA premises. I understand that SSA does not carry medical insurance for my dancer(s). I agree to maintain sufficient medical insurance and to pay all costs associated with any injuries that may occur as a result of my dancer's participation in SSA programs. The undersigned gives permission to Sawnee School of the Arts, its owners and operators, to seek medical treatment for my dancer(s) in the event that SSA is not able to reach a parent or guardian. I hereby declare any physical limitations and/or medical conditions that my dancer(s) has incurred, whether or not those conditions restrict my dancer's full participation with SSA and/or declare the dancer to be in good physical and mental health.

Sawnee School of the Arts has my permission to use photographs and/or video footage of my child, for purposes of advertising. Names will not be made public. There will be no financial compensation received.

Dancer's Name: _____ Age: _____

Parent or Guardian's Signature: _____ Date: _____

Emergency Contact Number: _____

Email Address: _____

Office Staff Use

Classes Attended (day/time/class title): _____

Teacher Recommendations: _____

Trial Fee Payment Method: _____ Keep: Y / N