

# Pennsylvania Classical Ballet

22 N 6th St Easton PA  
www.paclassicalballet.org

## Pennsylvania Classical Ballet (dba Easton Ballet Academy) Student Information, Liability Waiver and Policies Acknowledgment (Please print carefully and complete the entire form)

|  |                        |   |   |
|--|------------------------|---|---|
| Name:  | Date of Birth:         | / | / |
| Email:   | Phone:                 |   |   |
| Address:   |                        |   |   |
| Health Insurance(if any):  |                        |   |   |
| Emergency Contact:   | Relationship:          |   |   |
| Phone:   |                        |   |   |
| <p>I agree that I have voluntarily chosen to participate in the dance training offered by Easton Ballet Academy ("EBA") and acknowledge that I am under no obligation to continue such dance training. I am aware that dance training and related activities carry certain risks that can result in injury, both minor and major. By my participation in dance classes or activities at EBA, I agree to take full responsibility for not exceeding my limits, for selecting the appropriate level class and for any injury I might suffer in a class at EBA. Furthermore, I am aware that EBA instructors or the EBA Director has the right to ask me to attend another level class if they believe I could cause harm to myself or others participating in activities above my capabilities. I understand that instructors may provide physical adjustments during class. If I do not want such physical adjustments, I will inform the instructor at each class I attend.</p> <p>In consideration of the opportunity afforded me to participate in the dance training offered at EBA, I, on behalf of myself and my heirs, guardians, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue EBA or Pennsylvania Classical Ballet for any and all costs, losses, damages, liabilities or claims (including without limitation arising from the negligence of any of the instructors, directors, staff, agents, officers or representatives of EBA resulting in personal injury, accidents, illnesses (including death) or property loss, which may accrue to me in connection with any activity by me whatsoever at EBA.</p> <p>I further expressly agree that the foregoing liability waiver is intended to be as broad and inclusive as its permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the remainder of the agreement shall, notwithstanding, continue in full legal force and effect.</p> <p>I grant to EBA, its representatives and employees the right to take photographs, film or video images of me and my property while in the halls, ante-rooms or studios in EBA, as well as during off-site performances or events. I authorize EBA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.</p> <p>I agree that EBA may use such photographs of me with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.</p> <p>I have read the foregoing liability waiver, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. This agreement is freely and voluntarily executed.</p> <p>By signature below, I further understand and acknowledge: that EBA has the right to refuse services and classes to any individual at anytime; that all class discounts have an expiration date, after which time, the classes are no longer valid; that classes are non-transferable; and that I have read and accept EBA's Rules of Conduct.</p> |                        |   |   |
| Print Name:  | PARENT/LEGAL GUARDIAN: |   |   |
| Signature:   | Date:                  |   |   |