

City Ballet Theater LLP Health and Photo/Video Release Waiver
2601 Range Line Street, Suite 105 Columbia MO 65202 913-210-0744

I agree that myself and my children are physically capable of participating in all City Ballet Theater LLP (aka CBT and City Ballet Theater) activities we choose to participate in. I also understand that it is my responsibility to consult with a physician or doctor before I or my children participate in any and all activities given or held by CBT. If I am or possibly could be pregnant, I agree I am approved to engage in such physical activities and will refrain from any actions that could or may impose risk to me or my unborn child should I be pregnant. I understand that physical corrections or assistance will be used in the instruction and rehearsals at CBT and it is my responsibility to let CBT know beforehand if I or my children have sensory issues or other limitations to physical touch or other needs.

_____ (Initials) I agree to forfeit any claims against and to indemnify and to not hold responsible or liable City Ballet Theater LLP (DBA, AKA City Ballet Theater), or any of its owners, staff, agents, employees and volunteers for:

1. illnesses, accidents or injuries, including the unlikely case of death of myself, my family, my children, or my property while participating in any CBT classes, events, productions/shows, or other activities including outside events at other venues (all known as "activities" for the remainder of this document). I understand CBT takes all safety precautions possible in all situations. Yet, I understand there are risks of physical injury when participating in physical activity, and I assume full responsibility for any accidents or injuries including unlikely death that may occur in participation with CBT in any way.
2. any claims against City Ballet Theater and all owners, staff, employees, agents, and/or volunteers that stand as a result of loss, injury, or damage to my property as a result of participating in any CBT classes, events, productions, shows, or other outside events at other venues.

_____ (Initials) I also understand there will be photos and videos taken during CBT activities and grant CBT permission to use my likeness, as well as my children's and family's likeness in photographs and videos for any and all of its publications, both printed and digital, including social media and websites. I waive any rights to royalties or other compensation arising out of, or related to, the use of said photographs and videos. I agree to never share publicly any photos or videos of any children other than my own for the safety and privacy of all CBT families.

_____ (Initials) I agree and attest to the fact that I, and my children, have health insurance that covers all activities we are participating in with City Ballet Theater should an injury or other medical need arise during said activities.

_____ (Initials) I, the undersigned parent/guardian of this student(s), a minor(s), do hereby authorize the director/staff of City Ballet Theater LLP to consent to medical treatment in case of an emergency. I hereby release and discharge City Ballet Theater LLP from any and all claims for personal injuries and/or financial implications of said treatment.

_____ (Initials) I give permission to photograph/video myself and my child(ren) at all events, classes, and productions.

_____ (Initials) I acknowledge that I have thoroughly read and understand this waiver and agree to all terms. I am at least 18 years of age and am signing freely for myself and/or as parent/guardian for my underage children who participate in CBT activities.

FULL PRINTED Name AND FULL SIGNATURE on this line:

_____ Date _____
Phone Number: _____