

Cleveland Dance Academy Ballet Intensive 2019  
11937 Prospect Road, Strongsville OH 44149

**Student(s): may be used for multiple students (use back if needed)**

---

Name First/Last	Age	Medical Condition/Allergy
-----------------	-----	---------------------------

---

Name First/Last	Age	Medical Condition/Allergy
-----------------	-----	---------------------------

---

Name First/Last	Age	Medical Condition/Allergy
-----------------	-----	---------------------------

**Parents/Guardians:**

---

(1) Name (first, last)	relationship to student	cell #
------------------------	-------------------------	--------

---

(2) Name (first, last)	relationship to student	cell #
------------------------	-------------------------	--------

**Authorized Guardians:**

If you intend to have someone, other than a parent or guardian listed above, pick up or drop off your student(s) please list them below. We will not release your child(ren) to anyone not listed here.

---

Name	relationship to student	cell #
------	-------------------------	--------

---

Name	relationship to student	cell #
------	-------------------------	--------

**Emergency Contact (if different than above)**

---

Name	relationship to student	cell #
------	-------------------------	--------

Initial here \_\_\_\_\_ to give parental consent for Cleveland Dance Academy to administer over the counter first aid as needed (Band-Aids and ice etc.)

**Photo Release**

**\*\*Required for all participants:**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Name

Photo Release: I authorize use of my own and/or my child's visual image and statements made to be used by Cleveland Dance Academy for any purpose and in any media now known or later developed. I acknowledge that this is a perpetual license granted without any compensation to me and/or my child.

Yes, you may use media of my student (no names will be included)

No, please do not use any media of my student.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Permission Slip for Cleveland Dance Academy Ballet Intensive 2018**

**\*\*Required for all participants.**

I give permission for my child, (first and last name) \_\_\_\_\_  
to attend all classes during the week that he/she is participating in Cleveland Dance  
Academy Dance Camp 2019.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Agreement Release and Waiver of Liability**

**\*\*Required for all participants**

In consideration of the opportunity to participate in Cleveland Dance Academy Dance Ballet Intensive 2019, I agree as follows:

1. I understand and acknowledge that Dance and Movement classes are a strenuous physical activity involving the risk of physical injury and I have taken all steps necessary to learn of any physical impairment(s) that would limit or affect my child's /ward's safe participation. I also understand and acknowledge that the social and economic losses, which can result from those risks and dangers, can be severe and that not all such risks and dangers may be known or reasonably foreseeable at this time. I accept the responsibility for losses or damages resulting from all such risks and dangers involved in participation in the program.

2. I hereby release, waive and discharge Cleveland Dance Academy, it's instructors/guest instructors, assistants, officials, volunteers, officers, directors, agents and employees, from any and all liability to me and to my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, or damage to property, arising out of my or my child's/ward's participation in the program, whether on Cleveland Dance Academy premises or elsewhere.

4. I also hereby agree to indemnify and to hold harmless from any claim or demand on account of injury or damage that my child/ward may suffer as a result of participation in the Cleveland Dance Academy class and all other persons mentioned in Paragraph 3.

5. I understand that this release, waiver, and agreement to indemnify and hold harmless includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part by the negligence of Cleveland Dance Academy and the individuals listed in Paragraph 3.

6. I am the parent or legal guardian of the participant named above, who is under the age of 18 years and who wishes to participate in Cleveland Dance Academy classes. In consideration of Cleveland Dance Academy allowing my child or ward to participate in that class, I hereby agree to indemnify Cleveland Dance Academy and all other persons describe in Paragraph 3 above, and to hold each and all of the harmless from any claim or demand on account of injury to or damage suffered by my child or ward as a result of participation in that program, whether Cleveland Dance Academy premises or elsewhere. I acknowledge it is my responsibility to deliver my child(ren) to the class and to pick up my child(ren) promptly upon the scheduled conclusion.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_