

Columbia Music Festival Association presents



## SUMMER DANCE ACADEMY

At the CMFA ArtSpace  
914 Pulaski Street  
Columbia, South Carolina 29201

### REGISTRATION

Dancer's NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ AGE \_\_\_\_\_

COMPANY/DANCE STUDIO \_\_\_\_\_

Please indicate if you will need information about accommodations \_\_\_\_\_

WEEK A – JUNE 11-15, 2018 \_\_\_\_\_ Drop off: 8:00-8:30 AM  
WEEK B – JUNE 18-22, 2018\* \_\_\_\_\_ Academy Hours: 8:30 AM -5:30 PM  
Pick-up: 5:30– 6:00 PM

#### FEES:

\$350 PER STUDENT PER WEEK (A or B)  
\$600 PER STUDENT FOR TWO WEEKS (A & B)

#### DISCOUNTS:

Carolina Ballet/Eboni Dance Theatre Company members are eligible for a rate of \$250 per student per week with 50% deposit required to hold their reservation.  
Parents with more than one student enrolled will receive a \$25 discount per week per student.  
Amount enclosed by check or cash: \_\_\_\_\_

Please bill my Visa/Master Card: (Number) \_\_\_\_\_

Expiration Date \_\_\_\_\_

**PLEASE MAIL THIS COPY TO THE ADDRESS ABOVE, EMAIL TO [abcarolinaballet@gmail.com](mailto:abcarolinaballet@gmail.com)  
AND CALL 803-771-6303 TO PAY USING A CREDIT/DEBIT CARD OR HAND DELIVER TO THE  
CAROLINA BALLET REGISTRAR.**

**CAROLINA BALLET SUMMER DANCE ACADEMY                      JUNE 11-15, 18-22, 2018**  
**ASSUMPTION OF RISK: SUMMER ACADEMY ACTIVITIES**  
**(BINDING LEGAL DOCUMENT – READ CAREFULLY BEFORE SIGNING)**

Carolina Ballet Summer Academy (including, for purpose of this Agreement, all Activities associated with the Carolina Ballet summer Academy, including transportation to and from events or off-site locations) may involve risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities may include but are not limited to: loss of or damage to personal property, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death.

The parent or guardian of each minor participant in Carolina Ballet Summer Academy acknowledges and accepts these risks. The decision permit participation is solely that of the parent or guardian; participation is completely voluntary.

As the undersigned parent or guardian, I acknowledge that Carolina Ballet Summer Academy does not warrant or guarantee in any respect the competency or mental or physical condition of any instructor, leader, vehicle driver, or individual participant in any Carolina Ballet Summer Academy. I further acknowledge that Carolina Ballet Summer Academy makes no warranty as to the condition, safety, or suitability of any equipment, vehicle, property or premises for any purpose. The parent or guardian of each participant in voluntary Carolina Ballet Summer Academy is required to sign this Release, Waiver of Liability and Covenant Not to Sue Form.

I acknowledge that I am solely responsible for any hospital or other cost arising out of any bodily injury or property damage sustained through my minor child or wards participation in such voluntary Carolina Ballet Summer Academy. I acknowledge that Carolina Ballet does not provide insurance coverage for my minor child or ward.

I have read and understand this document. I understand that I will be provided with a copy of this document upon request. On my own behalf and on behalf of my minor child or ward, I accept and assume all risk, hazards, and participate, including the preparations for, and travel to and from the site of such activities.

\_\_\_\_\_ Parent/Guardian Initial

**RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE**  
**(BINDING LEGAL DOCUMENT – READ CAREFULLY BEFORE SIGNING)**

I hereby agree that for the sole consideration of Carolina Ballet allowing my minor child or ward to participate in voluntary Carolina Ballet Summer Academy and in connection therewith, making available to such minor child or ward for his or her use while participating in such Carolina Ballet Summer Academy, certain equipment, vehicles, facilities, grounds, or personnel of Carolina Ballet, on my own behalf and on behalf of my minor child or ward, I do hereby waive liability, release and forever discharge Carolina and the Board of Regents of Carolina Ballet, their members individually, and their officers, agents, contractors, volunteers, and employees, of and from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, inducing death, resulting from my minor child or ward voluntary participation in or in any way connected with such Carolina Ballet Summer Camp, including without limitation travel.

I further covenant and agree that for the consideration stated above I will not sue Carolina Ballet or the Board of Directors, their members individually, their officers, agents, contractors, volunteers, or employees, for any claim for damages arising or growing out of my minor child or ward voluntary participation in Carolina Ballet Summer Academy.

I understand that the acceptance of this release, waiver liability, and covenant not to sue Carolina Ballet or the Board of Directors or any officer, agent, volunteer, or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign, governmental, or official immunity by said Board, its members, officers, agent, volunteers, and employees.

I understand that I will be provided a copy of this document upon request. I certify that I am over 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

\_\_\_\_\_   
Print Name of Parent or Guardian

\_\_\_\_\_   
Print Name of Dancer

\_\_\_\_\_   
Signature of Parent or Guardian

\_\_\_\_\_   
Date

**CAROLINA BALLET SUMMER DANCE ACADEMY**

**JUNE 11-15, 18-22, 2018**

**RELEASE AND COVENANT NOT TO SUE**

**(BINDING LEGAL DOCUMENT – READ CAREFULLY BEFORE SIGNING)**

I, the parent or guardian of the student, do hereby grant permission to Carolina Ballet, the Board of Directors of Carolina Ballet and their successors, licensees and assigns (hereinafter referred to Releasees) permission to photograph me or otherwise record my child’s image, and to publish such image or depiction in any form, including, but not limited to, print, electronic, video or Internet. I hereby consent and permit such images or depictions to be used by Releasees for any purpose, including but not limited to illustration, trade, advertising or promotion. I understand and agree that Releasees may publish such images or depictions without notification prior to of after such publication.

I hereby grant to Releasees permission to edit, crop, retouch, or otherwise alter such images or depictions, and waive any privilege to inspect such images or depictions prior to publication. I understand that Releasees may use the images or depictions with or without associating my name thereto, and I waive any privilege to approve any copy associated with such images or depictions prior to publication. I further waive any claim for compensation of any kind for the use of the images or depictions.

I hereby forever discharge and release any claim for damages of any kind (including, but not limited to, invasion of privacy or misappropriation) arising out of the use or publication of such images or depictions by the Releasees, and covenant and agree not to sue the Releasees, their employees, officers, members, servants or agents for such use or publication. I agree that any intellectual property rights associated with such images or depictions are the sole property of the Releasees. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I understand that the acceptance of this Release and Covenant not to Sue by the Releasees shall not constitute a waiver, in whole or in part, of the sovereign and official immunity of the Releasees, or their members, officers, agents and employees.

\_\_\_\_\_ (Parent/Guardian Initial) I hereby give permission for my child to be portrayed in photographic images made during or in conjunction with Carolina Ballet Summer Academy.

**PERMISSION STATEMENT (Parent/Guardian Initial Each Statement)**

\_\_\_\_\_ I hereby give permission for my child to participate in Carolina Ballet Summer Academy.

\_\_\_\_\_ I hereby grant permission to Carolina Ballet to seek m\reatment as may be necessary in the best interest of the health of child/dependent. I understand and agree that Carolina Ballet is not legally liable, financially or otherwise, for such treatment.

I understand that I will be provided a copy of this document upon request. I certify that I am over 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Print name of parent or guardian

\_\_\_\_\_  
Print name of minor participant

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Witness (18 or older)

**CAROLINA BALLET SUMMER DANCE ACADEMY**

**JUNE 11-15, 18-22, 2018**

**PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_  
Last First MI

Name wish to be called: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_  
(MM-DD-YY)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (Primary Contact)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell/Other

Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell/Other

**EMERGENCY INFORMATION (Secondary Contact)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Work Cell/Other

**AUTHORIZED PICK-UP**

Please list the names of all persons (including spouses) authorized to pick your child up from Carolina Ballet Summer Academy. These individuals should be prepared to produce identification upon request. *Please print the name and relationship of these individuals clearly.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the participant be driving him/herself?  Yes  No

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**HEALTH RECORD/MEDICAL AUTHORIZATION**

Parents of all participants are required to provide a complete authorization for medical treatment and a health record for their children. Please print legibly or type, completing all items. The authorization is not valid without proper signature.

**PHYSICIAN INFORMATION**

Name of participant's physician: \_\_\_\_\_

Physician's phone numbers: \_\_\_\_\_

Is participant presently under the care of the physician?  Yes  No

Date of last tetanus booster (Month/Year): \_\_\_\_\_

**HEALTH CONDITION**

Please list any medication being taken: \_\_\_\_\_

\_\_\_\_\_

List any physical conditions the staff should be aware of (i.e. asthma, allergies, diabetes, epilepsy, dietary needs, medication, allergies, back problems, etc.):

\_\_\_\_\_

\_\_\_\_\_

***TREATMENT PRECAUTIONS***

Are there any special circumstances such as religious convictions, legal arrangements, or chronic problems that we should know about before treatment?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

***INSURANCE INFORMATION***

Name of Insured (Medicaid Included): \_\_\_\_\_

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please explain emergency coverage: \_\_\_\_\_

\_\_\_\_\_