



Liability and Performance Waivers

Performer's Name _____
(Please print)

Release of Liability

I waive all rights and release all claims that might be had against Garden City Ballet (GCB), henceforth referred to as GCB, its hired or contracted instructors, and their employees and agents, for any and all injuries or losses which may be suffered because of my participation or my child's/children's participation in any or all activities within GCB. I also realize that dance requires hands-on instruction for proper body placement and development of the muscles.

Performer Signature (or Parent/Guardian if performer is under 18) Date

Emergency Treatment

I consent to my or my child's/children's participation in activities/programs registered for and authorize GCB and its employees or agents to provide or secure emergency medical treatment for me, or my child/children, on my behalf. To the best of my knowledge, neither I, nor my child/children, have a physical, or other condition, which would interfere with participation in GCB programs. I understand that I am responsible for the full expense of any medical or other cost that might occur from an accident, and that Garden City Ballet is in no way responsible.

Performer Signature (or Parent/Guardian if performer is under 18) Date

Photograph & Video Release

I grant to Garden City Ballet, its representatives, and employees the right to take photographs and video of me/my child, and my property, in connection with the Garden City Ballet. I authorize Garden City Ballet, its assigns, and transferees to copyright, use and publish the same in print and/or electronically. I agree that Garden City Ballet may use such photographs and video of me/my child, with or without our names, and for any lawful purpose, including, for example, publicity, illustration, advertising, and Web content. Permission is granted without compensation for possible or actual use.

Performer Signature (or Parent/Guardian if performer is under 18) Date

Parent Volunteer Release

I attest that I am freely volunteering my services to Garden City Ballet without expectation of compensation or benefits from the organization. Volunteer services include, but are not limited to, serving on the board of directors or any of the appointed committees. **Families are required to work a minimum of (3) shifts during performance week.** *(If this presents a hardship, please let us know.)*

Parent Volunteer Name (Please print)

Parent Volunteer Signature Date

Please print this form, complete all sections, and bring to auditions.