

STUDENT NAME: _____

Liability Release

I am aware that dance training places unusual stress on the body and carries the risk of physical injury. On behalf of my child and myself, and if I am no longer a minor, on my own behalf, assume the risk and agree that the Harrisburg Ballet Theater (HBT) shall not be liable in any way for injuries sustained during HBT classes or HBT related functions. _____ (Initial)

Publicity Release

I hereby grant Harrisburg Ballet Theater (HBT) and its designators the right to use the name and image (s) of the above named student in all forms and in all media and in all manners, for the purposes of marketing, advertising, or other lawful purposes. My signature below hereby waives any right to inspect or approve the finished versions before any such use. I also understand that HBT will not compensate the above named student for the use of their image (s) in any and all forms as mentioned above. _____ (Initial)

Medical Release

In the event of a medical emergency and/or in the event I could not be reached, I hereby give my permission to the management, faculty, staff and volunteers of the Harrisburg Ballet Theater (HBT) to make emergency medical care decisions that may be necessary for the above named student during participation in HBT classes, performances, or any related HBT event. This authorization extends throughout the current year and throughout the summer or until the student is no longer enrolled at HBT, whichever comes first. I understand that I am responsible for any and all charges as a result of such care or medical treatment. _____ (Initial)

Parent/Legal Guardian Information for above named student

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Alternate Phone: _____

Please provide additional emergency contact information

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Insurance Information

PLEASE ATTACH A COPY OF THE INSURED'S INSURANCE CARD, FRONT & BACK.

Name of Insurance Company _____ Telephone () _____

Insurance Company's Address _____

Name Health Plan is Registered Under _____

Group Number _____ Identification Number _____

Student Medical Information

Please list allergies to prescription drugs _____

Please list any medications that the student is currently taking

Please list any special medical conditions, past or present, of which HBT should be aware

I have read, understand, and agree to the Liability Release, Publicity Release, and Medical Release.

Parent/Legal Guardian Signature if student is a minor Date

Signature if student is no longer a minor Date