



## **Liability Waiver Photographer's Release Personal Property Release**

Name of Student: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Student Email: \_\_\_\_\_

I am the parent/legal guardian of the above named student. \_\_\_\_\_ (Please initial)

I am the adult student named above. \_\_\_\_\_ (Please initial)

I fully understand, recognize and am aware of the risk and hazards involved in the activities of dance provided by the Michigan Ballet Academy. I acknowledge, agree and represent that I understand the nature of such activities and that I am of the opinion that above named student is qualified, in good health, and in proper physical condition to participate in any and all activities provided by the Michigan Ballet Academy.

I hereby discharge, covenant not to sue and release the Michigan Ballet Academy, its agents, directors, employees, volunteers and all other associates from any and all liability, claims, or responsibility for any and all harm and injury which may be sustained by above named student during attending class or participation in activities and programs sponsored and directed by the Michigan Ballet Academy. I hereby give my consent to the Michigan Ballet Academy for photographs and/or video of above named student to be used for promotional purposes in newspapers, on TV and on the Website(s), Facebook, Twitter or other social media at any time for any reason. I waive any and all right to payment(s) for use of these photographs and/or video. I understand that this waiver does not expire.

I assume responsibility for all my and above named student's personal belongings and release Michigan Ballet Academy its agents, directors, employees, volunteers and all other associates from any and all liability, claims, or responsibility for any lost or damaged personal items.

Parent/Legal Guardian Signature: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Adult Student Signature: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_