



LIABILITY
AND

WAIVER

PHOTO/VIDEO RELEASE

Liability Waiver

As a participant or the parent/legal guardian of the participant signing below, I have voluntarily elected to participate (or have my child participate) in a dance and/or fitness training program at the facilities of Honolulu Classical Ballet. I acknowledge that, as with other athletic activities, there are risks inherent in dance and fitness training including, without limitation, the risk of injury to bones, joints, tendons, ligaments, and muscles. If I/my child experience(s) an injury or I have concerns about a possible injury, I should and will promptly consult a physician and notify my/my child's instructor at Honolulu Classical Ballet.

By signing below, I assume the risks related to dance and/or fitness training at Honolulu Classical Ballet. I hereby release Honolulu Classical Ballet and its instructors, officers, managers, agents, volunteers, and employees (collectively, "Agents") from and agree to indemnify and hold them harmless against, all claims (including claims of negligence), demands, actions, damages, liabilities, and expenses (including reasonable attorneys' fees) (collectively "Claims") arising out of or resulting from the dance and/or fitness training and use of Honolulu Classical Ballet facilities (including, without limitation, personal injury, and the loss or destruction of personal property).

Emergency Medical Assistance

In the event that I (or my child) were to sustain an injury requiring emergency assistance, I authorize any agent of Honolulu Classical Ballet to seek emergency medical assistance that, in Honolulu Classical Ballet's sole discretion, may be necessary for me or my child (as applicable), and to arrange or provide transportation to a medical facility. In that event, I agree to pay (or cause my insurance carrier to pay, if applicable) the costs associated with such emergency medical assistance. I hereby release Honolulu Classical Ballet and its Agents from, and agree to indemnify and hold them harmless against, all Claims resulting from such emergency medical assistance, if provided to me/my child or arranged for my/my child's benefit by Honolulu Classical Ballet.

Photo and Video Release

I hereby authorize Honolulu Classical ballet to use my/my child's photographs and likeness (including in videos) for lawful and respectable purposes relating to Honolulu Classical Ballet, including publicity, choreographic archives, promotional materials, and educational purposes.

I HAVE CAREFULLY READ THE ABOUT LIABILITY WAIVER AND PHOTO/VIDEO RELEASE, I FULLY UNDERSTAND ITS CONTENTS AND SIGNIFICANCE, AND I AGREE TO BE FINANCIALLY RESPONSIBLE FOR THE COST OF ENFORCEMENT OF THIS INSTRUMENT. I AGREE TO ABIDE BY THE POLICIES AND RULES OF HONOLULU CLASSICAL BALLET. I AM SIGNING BELOW VOLUNTARILY. IF I AM SIGNING FOR MY MINOR CHILD, I REPRESENT THAT I AM THE LAWFUL GUARDIAN OF SUCH CHILD, WITH AUTHORITY TO GRANT THE CONSENT REFLECTED BELOW.

Date _____

Participant's Name (please print) Parent or Legal Guardian's Name (please print)

Signature of Participant or Legal Guardian (if participant is under 18 years of age) Email Address

**Please print, complete and return in person, or by mail to:
Honolulu Classical Ballet, 1122 Koko Head Ave., Suite 3, Honolulu, HI 96816