TWO PAGES FRONT AND BACK

BALLET ARTS OF BUCKS COUNTY 2026-2027

WAIVER AND RELEASE OF LIABILITY STATEMENT OF AGREEMENT

Please CHECK BOXES OR INITIAL BOX, if agree:

☐ I have read and understand the Ballet Arts of Bucks County (BABC) tuition policies and Studio Rules and Guidelines/Student Handbook (copies available online https://www.balletarts.com/student-policies and hardcopies at the studio by request)

☐ Student/Parent/Guardian signing below understands that dance instruction requires physical exertion. Student/Parent/ Guardian also is aware there is some risk of injury that may result during instruction, including but not limited to as a result of physical contact with other students, instruction, fixed or moveable objects or the condition of the floor. Ballet Arts of Bucks County (BABC) shall not be responsible for injuries, loss or damages suffered by the student, caused or alleged to be caused by the negligence of BABC. Further, I understand and accept that in order to be taught effectively, the student's dance training may involve the use of touch by the faculty members as a necessary tool for correct placement, lines, and positions. The student is expected to maintain acceptable behavior within the classrooms, corridors, building common areas, and dressing rooms. I understand and accept that all students must adhere to the standards of behavior set forth by the faculty, as well as the written studio guidelines.

☐ I hereby waive all claims against BABC and also agree to hold BABC harmless from any and all claims, costs, liabilities, expenses, or judgements, including attorney fees and court costs (herein collectively called "claims") arising out of the student's participation in BABC's programs and productions. For any illness (including but not, limited to COVID-19) or injury resulting therefrom, I hereby further agree to indemnify and hold harmless the BABC staff, faculty, and officers as to any and all claims. Student/Parent/Guardian signing below understands that dance instruction requires physical exertion. Student/Parent/ Guardian also is aware there is some risk of injury and/or illness that may result during instruction, including but not limited to as a result of close proximity and physical contact with other students, instruction, fixed or moveable objects or the condition of the floor. Ballet Arts of Bucks County (BABC) shall not be responsible for injuries or illness, loss or damages suffered by the student, caused or alleged to be caused by the negligence of BABC. Further, I understand and accept that in order to be taught effectively, the student's dance training may involve the use of touch by the faculty members as a necessary tool for correct placement, lines, and positions. I understand and accept that all students must adhere to the standards of behavior set forth by the faculty, as well as the written studio guidelines. I hereby waive all claims against BABC and also agree to hold BABC harmless from any and all claims, costs, liabilities, expenses, or judgements, including attorney fees and court costs (herein collectively called "claims") arising out of the student's participation in BABC's programs and productions. For any illness or injury resulting therefrom, I hereby further agree to indemnify and hold harmless the BABC staff, faculty, and officers as to any and all claims.

PLEASE CHOOSE ONE OF THREE CHOICES BELOW

Photo/Video Release

☐ I hereby grant the right to Ballet Arts of Bucks County (BABC), to photograph or videotape my child during the performances and activities to use for publicity and promotion, including social media and advertising. All materials will remain the property of BABC and the dancer/student will not receive any remuneration for their use now or in the future.

OR

☐ I hereby grant the right to Ballet Arts of Bucks County (BABC), to photograph or videotape my child during the PERFORMANCES ONLY. I understand that the performance videos and photos are shared on BABC website under a password protected page. All performance materials will remain the property of BABC and the dancer/student will not receive any remuneration for their use now or in the future. I do not give permission for use of photos or videos on social media, advertising, publicity or promotion.

OR

☐ I do not give permission for photo or video release of my child

I, the parent or legal guardian of, have read, understood, and agreed to the above statements.

***PRINT STUDENT NAME:** *** STUDENT DATE OF BIRTH:**

_____ _____

***SIGNATURE (Parent or Guardian if under 18 years of age):** *** Today's DATE:** _____

_____

(As parent or Guardian, I represent that I have legal capacity and authorize to act on behalf of the minor named herein)

NEW STUDENT REGISTRATION INFORMATION
(if current student, only submit if any changes to your current portal info)

*** Parent/Guardian PHONE NUMBER:**

_____

***Parent/Guardian EMAIL:**

_____

***Additional Emergency Contact Name and Phone:**

_____

***ALLERGIES OR INJURIES/MEDICAL CONDITIONS** (please list): write N/A if not applicable

_____

_____

Mailing Address:

_____

Print and return to studio or email scan to kathleen@balletarts.com before first class