

Greater Niagara Ballet Company

Registration Form 2022 Summer Dance Workshops

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Email address: _____ Phone Number: _____

Student Dance Experience: _____

Emergency Contact: _____ Phone Number: _____

Student Allergies: _____

Releases

I do _____ do not _____ give permission for me (or my child if participant is under 18) to be included in photography/video of this program and for my (or their) image to be used in advertising, press releases, and posts in electronic or print media without expectation of recompense.

I, the undersigned, (or parent/guardian if under 18) _____ do hereby waive any and all claims against the Greater Niagara Ballet Company, its directors, board members, volunteers, employees or their heirs, executors or administrators, arising from any incident, including but not limited to, bodily injury, property damage, or loss sustained by the above signed person.

I acknowledge that I have read & understand the foregoing statements and agree to the terms as stated.

Parent/Guardian Signature

Parent/Guardian printed name

Date